

INS. CASE OWNER:

CC4/AIS22006804/Rga3

IDAC:

ASSIGNMENT

CC4/AIS22006804/Rga3

Surveyor:

RASUL

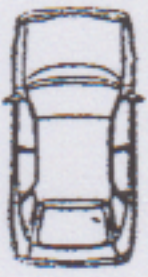
DOI:

19/07/2022

Date / Time : 18/07/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 6282Z

Claim No. : TP / SVRAISCL2022-00036

Name of Insured :

Policy No. : SPMF1000000538

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 12.07.2022 12:42

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

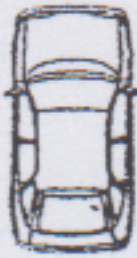
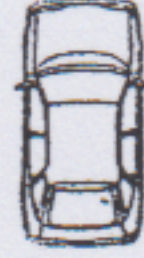
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

PC 494C

INSRS: Lexbuild Auto
WSP: & Trading
Tel: Pte Ltd
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	PC 494C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	Close Date Created By DATE / PIC
	NA/TM17012944/r3 04/07/2017 STANLEY FOO MIN SAN SJH 1111X PC 494C	03/07/2017 06/07/2017 RBW
	GBC 6282Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	Close Date Created By
	NA/AIG17019622/k4 12/10/2017 KABIR HUMAUN GBC 6282Z SLL 8	22/10/2017 17/10/2017 KSG
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
		Release Voucher: ☐ ☐
		Final Repair Bill: ☐ ☐
		Car Rental Invoice: ☐ ☐
		Towing Invoice ☐ ☐
		LTA / GIA : ☐ ☐
		Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☐ ☐
		LOD ☐ ☐
		Payment Breakdown Form: ☐ ☐
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 15,400.00 (pp) S\$ 15,400.00 (6 days) Reduction: 470.00 % 21		Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability: % 0. (Agreed / Assessed) BOLA S/N No. :		Email ☐ Call ☐
Repair Cost: S\$		If NO or B 28, Ass. Lia :
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$		2) Report Format: WP
Disbursement: S\$ (e.g. Tow/ Independent)		3) Survey fee: \$350/-
Legal Cost S\$		
Total: S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1: S\$	Name 1:	Email ☐ Call ☐
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

28/7/22

Rejection email to TP - based on damages, TP. rear ended. OI. RM

check 1100/- (2nd. 17.810 / 9/17)