

INS. CASE OWNER:

CC4/III22007572/Epa3

IDAC:

ASSIGNMENTSurveyor: **STEVE**DOI: **10/08/2022**Date / Time : **10/08/2022**Registered in Merimen: **10/08/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SNC 7652R**Claim No. : **MFL2022D0004130**

Name of Insured : _____

Policy No. : **D18MFL0003414_03**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **28/07/2022**

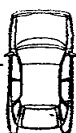
Place of Accident : _____

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****SMF 3151S**INSRS:
WSP: **CHARN'S**
Tel : **CUSTOMCRAFT**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMF 3151S - x			
SNC 7652R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	CS/III22008010/Kcy3e2 17/03/2023 SNC 7652R 28/07/2022 17/03/2023 RAP	Date Created By (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
	*TP converted OD claim.	Notification ltr (if non-pickup)	☐ ☐
	*Submit WP report to III.	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION Submit Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM S\$ 9,400.00 (7 days) Reduction: 28 % Excluded check items	Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time:	Confirm with \$1,287.00	Email ☐ Call ☐	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$		
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\$		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle /WP	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$350.00	
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	