INS. CASE OWNER: CC4 UR ~~AIG~~ 1800 7682, R1 7603 | LKK: IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 4/7/18 Date / Time: 9/7/18

Pre-assign / CCU / FTE Registered in Merimen: 9/7/18

Insured Vehicle No. : SLG 9385B Claim No. : 6807706665656

Name of Insured : UKP Policy No. : 0000007

Insured Tel No. : HP: Make / Model : HONDA

Excess Sec II :S$ D.O.A : 07/07/18 Place of Accident : FARRER RD (TUDS HULLAND RD)

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : WONG WAH

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

FBM 4018G →

INSRS: WSP: Tel : Liability : RMKS: 5998.

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
16/7/18 JOY.	FBM4018G-U SLG 9385B - UKP/UR 7018377 / FARRER DOM. 7/9/17 50; TO NEGO TP TRAV. IN BET. LANES OI OPENED DOOR 3U: BOLA 28 (c) (g) X 11-6-19 @ 1.43pm w/ LINDA 30UCC. 2013.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	JOY 19-2-18

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	X	
After call ltr to OI:	/	
Authorisation To Act:	/	
Release Voucher:	/	
Final Repair Bill:	/	
Car Rental Invoice:	X	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	X	
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11-6-19 Confirm with LINDA Email ☐ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 26b	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 650.~~xx~~		
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ 75	($25 x 3 days)	OPENING DOOR.
Loss of Income (LOI):	S$ —	($ x days)	11/6/19
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ —		
Medical:	S$ —		
Disbursement:	S$ —		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Total:	**S$** 725 /	**Global Sum S$:**	3) Survey fee:

COPY SENT

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 725 /	Name 1:	SG98 MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$ X	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	X