s3

15/5/2010

INS. CASE OWNER: CC 6 /EQI1800 2614, V 2nd 16/3

LKK:

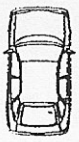
IDAC:

ASSIGNMENT

Surveyor: Mavis. DOI: 14/5/18 Date / Time : 18/2/18

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 4558Y

Name of Insured : FITACT TRADING & SERVICE CO.

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 08/01/18

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : LOW EOK FHEONG

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : DMCPHQ17-001056

Make / Model : PEUGEOT

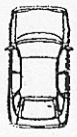
Place of Accident : COMMONWEALTH AVE WEST

Nature of Accident :

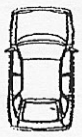
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

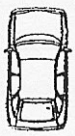
SFU3997M → → →



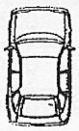
INSRS:
WSP: Jin Auto
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
14/2/18	SFU3997M-Y GBB4558Y-Y
JMS 25-05-18	TO CONFIRM WITH O/I AGAIN ON THE ACCIDENT SCENARIO AS DAMAGE PROFILE DOES NOT FAVOR O/I'S STATEMENT

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:	

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: Confirm by:

Repair Cost: P/P S$ 700.00 (3 days) Reduction: 29 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/11/2020 Confirm with JUNE Email ☒ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: ~~749.00~~ with	S$ 374.50	
Loss of Rental (LOR):	S$ — (— days)	
Loss of Use (LOU) 360.00	S$ 180.00 ($ 120 x 3 days) (TP veh_Ambulance).	
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
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ —	3) Survey fee: $40.00
Total:	**S$ 554.50** **Global Sum S$:** 550.00	

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

Payee 1:	S$ 550.00	Name 1:	Jin Auto Services Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	