15/5/2010

S. CASE OWNER: VO | CC 4 / Asm 1900 4249 / Ghea 34 | IDAC:

ASSIGNMENT

Surveyor: KHR DOI: 8/3/19 Date / Time : 7/3/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 7965P "VIRTUAL" Claim No. : S9807684

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 5/3/19 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**

FBB 6540 →

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: My Car Consultant Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
19/3 after 19/3	FBB 6540 / YP 7965P } VIRTUAL 1900 4249 / 34 ; DOA: 5/3/19 OINR.
24/03/2020	- TYPE REPORT TO SUBMIT WP REPORT - REPORT DONE - FORWARDED REPORT TO OI LAWYER - TO CLOSE. SUBMIT WP REPORT

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: L/O S$ 900.00 (2 days) Reduction: % Email ☐ Call ☐

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

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	NO SETTLEMENT / TP PASS LAWYER
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 REPORT
Disbursement:	S$ — (e.g. Tow/ Independent)	3) Survey fee: $250.00
Legal Cost	S$ —	
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:	—