INS. CASE OWNER: CC 6 / CTI 1900 9132 , Bhas

LKK:

IDAC:

ASSIGNMENT

Surveyor: Mr. Lim DOI: 17/5/19 Date / Time: 17/5/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GX 6144U

Name of Insured : M/S FORTUNER MARINE PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 15/05/19

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

If NO, Driver Name / Age :

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

Claim No. : SUM19D2022020021/4(ock)

Policy No. :

Make / Model :

Place of Accident :

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

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

SJX 2742J →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Guan Motor	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJX 2742J - X ; GX 6144U - X
	- FINALISED
24/6/19	Called OI to inform TP claim
01/07/19	- TYPE REPORT WHILE PENDING TP LOD - REPORT DONE - TP LOD IN BY FAX
23/09/19	- SEEK MANDATE APPROVAL TO OI BY EMAIL
25/09/19	- OI APPROVED MANDATE. - SEND ACCEPTANCE TO TP & FU BY FAX.
21/10/19	- FU LOD IN ORDER - TO CLOSE

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:	24/06/19 - SUMMARY - DC

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: 30/05/19 Sent By: QS

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: HS S$ 2,500.00 (5 days) Reduction: 39 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/10/19 Confirm with LTR NG Email ☐ Call ☐ FAX

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. :	2A
Repair Cost:	S$ 2,500.00		
Loss of Rental (LOR):	S$ 600.00 (6 days)	x $100.00	
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]
GIA/LTA Search	S$ 7.49		
Medical:	S$ —		
Disbursement:	S$ —	(e.g. Tow/ Independent)	
Legal Cost	S$ —		
Total:	S$ 3,107.49	Global Sum S$: —	

If NO or B 28, Ass. Lia : COD REVOKED

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $100.00

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

Payee 1:	S$ 3,107.49	Name 1:	GUAN MOTOR WORKS
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—