

INS. CASE OWNER:

CC 6/CTI 1900 9132, Bha3

LKK:  
IDAC:

Surveyor:

Mr. Lim

DOI:

ASSIGNMENT

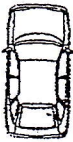
17/11/19

Date / Time:

17/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GX 6144 U

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. :

SNM19D202202002/4(LOCK)

Policy No. :

Make / Model :

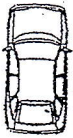
Place of Accident :

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

Insured Liability :

%

Final ? Yes / No



INSRS:

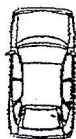
WSP:

Tel :

Liability :

RMKS:

Guan Motor



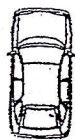
INSRS:

WSP:

Tel :

Liability :

RMKS:



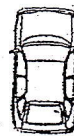
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

sfx 2742J - X; GX 6144U - X

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 - ok

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: QB

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 46

\$S 2,500.00 ( 5 days) Reduction: 39 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with: Mr NG

Email ☐ Call ☐ FAX

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 2A

If NO or B 28, Ass. Lia :

Repair Cost:

\$S 2,500.00

GOLD (REPAIRS)

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 -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

\$S 3,107.49

Global Sum \$S: -

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:

-