

INS. CASE OWNER: CHAN Kian Chuan
68805444

CC4/ASM19018066/R1ga3

LKK:

IDAC:

141679

ASSIGNMENT

Surveyor:

RASUL

DOI: 14/10/2019

Date / Time : 14/10/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 1615U

Claim No. : S9M0226Z

Name of Insured : TAY ENG CHUAN GENERAL CONTRACTOR PTE LTD

Policy No. : P1834717

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA DYNA 150-3.0 D (M)

Excess Sec II : S\$

D.O.A : 30/09/2019 08:40

Place of Accident : IN FRONT OF BLK 7 HOUGANG AVE 3

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

If NO, Driver Name / Age : TAY ENG CHUAN

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

Driver Tel No. : +65-98155060 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

FBP 802U

INSRS:
WSP: Southern Motor
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBP 802U - X	GBE 1615U - 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:	
			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:	Post-Repair Photos:	☐	☐
				Others:	☐	☐
FINALIZATION		Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	S\$	(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\$					
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\$					
Medical:	S\$					
Disbursement:	S\$	(e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$				2) Report Format:	
					3) Survey fee:	
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:				

