

CHAN Kian Chuan
68805444

CC4/ASM19018066/R1ga3

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 : _____

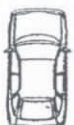
If NO, Driver Name / Age : TAY ENG CHUAN

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S \$S 6600.00 (4 days) Reduction: 2364.20 % 26

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 08/05/2020

Confirm with: MINYT

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 31a

If NO or B 28, Ass. Lia :

Repair Cost: \$S 6000.00 AXA'S INSTRUCTION)

Loss of Rental (LOR): \$S (days)

Loss of Use (LOU): \$S 80.00 (\$ 20 x 4 days)

Loss of Income (LOI): \$S (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

Medical:

Disbursement:

Legal Cost

Total: \$S 6080.00

Global Sum \$S:

1) Claim status: ☒ Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: \$S 6080.00

Name 1: SOUTHERN MOTOR

Payee 2: (Strike if N.A.)

Name 2:

Payee 3: (Strike if N.A.)

Name 3: