INS. CASE OWNER: JIMMY FOO | CC4/AIG19019296/Uda3 | LKK: / IDAC:

ASSIGNMENT

Surveyor: MARCUS | DOI: 31.10.2019 | Date / Time: 31.10.2019

Registered in Merimen: 31.10.2019

Pre-assign / CCU / FTE
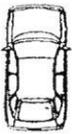
|		
Insured Vehicle No. : **SMH 1617T**	Claim No. :	
Name of Insured : **GUO XINYI,CINDY**	Policy No. : **1900000667**	
Insured Tel No. : HP: **+65-91168448**	Make / Model : **MITSUBISHI ATTRAGE-1.2 CVT (A)**	
Excess Sec II :S$ D.O.A : **14/06/2019 18:45**	Place of Accident : **BEDOK RESERVOIR ROAD**	
Is driver the owner? (YES / NO)	Nature of Accident :	

If **NO**, Driver Name / Age :

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

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

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

FBJ 5748S → → → →
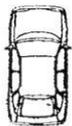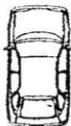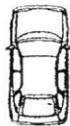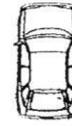
INSRS: WSP: Erofia Motor Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	FBJ 5748S - X SMH 1617T - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	OI GIA WRONG VEH NUMBER	Notification ltr (if non-pickup):	
		Call OI:	
3/1/2020	PAS TO ADMIN TO CLOSE, SUPP DOCS UPLOADED IN MENU	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: | Email ☐ Call ☐

Repair Cost: S$ **4000.00** (**5** days) Reduction: **47** %

FINAL SETTLEMENT Date/Time: **3/1/2020** | Confirm with **Lee Lee** | Email ✓ Call

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **9(d)**	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ **4000.00**		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ **120.00** ($ **20** x **6** 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$ —	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: **TP**	
Legal Cost	S$ —	3) Survey fee: **$320**	
Total:	S$ **4120.00** Global Sum S$:		

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

Payee 1:	S$ **4120.00**	Name 1: **Erofia Motor Trading Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: