15/5/2010

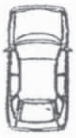
INS. CASE OWNER: Lionel Tan | CC4/FWD19019445/Dga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: _____ Date / Time : 04/11/2019

Registered in Merimen: 04/11/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 5808Y Claim No. : 1201900029875

Name of Insured : LI ZHENGBIN Policy No. : PNPV2018-00008894-01

Insured Tel No. : _____ HP: +65-93223587 Make / Model : HONDA VEZEL-1.5 (A)

Excess Sec II :S$ _____ D.O.A : 05/10/2019 17:10 Place of Accident : T-JUNCTION OF ADMIRALTY RD WEST & WOODLANDS AVE 8

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

JSB 5930 → _____ → _____ → _____

INSRS:
WSP: Sg 98 Motor
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	JSB 5930 - X SLQ 5808Y - X	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:	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$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$		(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$			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:		

22/03/2002

ASS. REC. BY: | REF: CS/FWD190 94445/ DTF3 | Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Vanessa Chan of FWD Date/Time: 4.11.19 2.11p.m

Estimated Cost: Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: JSB 5930 Insured: SLQ 5808Y

at Workshop m/s SG 98 Moto Tel: 64524898

of BIK 400 / #01-21

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 5.10.2019

(Client's Record) my1

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Date/Time: 4.11.19 3.up.m Person Contacted: Rose Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	JSB 5930 - X
	SLQ 5808Y - X
	(DO DS)