

INS. CASE OWNER:

CC4/AIG19019989/Kda3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 11/11/2019

Date / Time : 11.11.2019

Registered in Merimen: 11.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 4416T

Claim No. :

Name of Insured : GOLDBELL CAR RENTAL PTE LTD

Policy No. : 999994313

Insured Tel No. : HP:

Make / Model : NISSAN NV200

Excess Sec II :S\$

D.O.A : 07/11/2019 07:30

Place of Accident : ALONG KJE TOWARDS BKE (WOODLANDS)
AT LANE 3

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

If NO, Driver Name / Age : MUHAMMAD FAHMI BIN MASHWARI

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

Driver Tel No. : +65-96976008 (V/L: YES / NO)

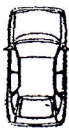
Insured Liability : % Final ? Yes / No

GBG 8502E

SHC 459A

GBC 4416T

SLJ 3328R

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: OIINSRS:
WSP: RICARDO
Tel :
Liability :
RMKS: TP

Date/ Time	STAGE	DATE / PIC
SLJ 3328R - X	Non-Reporting ltr (1st):	
GBC 4416T - NBA/AIG19019812/Y; DOA : 07.11.2019	Non-Reporting ltr (2nd):	
- CC3/AIG14012586/H1za3w2 ; DOA : 03.07.14	Non-Reporting ltr (Final):	
- CS3/EQ13005151/T1qu2; DOA: 13.3.13	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:	☐
PRELIMINARY ADVICE Date/Time:	Post-Repair Photos:	☐
Sent By:	Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$ 6525.44 (6 days) Reduction: 47 %			Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 4/1/2020 Confirm with Grace			Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28			If NO or B 28, Ass. Lia : 01
Repair Cost: (w/GR) S\$ 6982.22			4 veh C.C. 02 was 2nd
Loss of Rental (LOR): S\$ - (days)			
Loss of Use (LOU): S\$ 480.00 (\$ 80 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\$ 7462.22 Global Sum S\$: 7460.00			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1: S\$ 7460.00	Name 1: Ricardo Auto Centre Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		