

INS. CASE OWNER: **Loh Chee Heng**

CC3/AIG19021057/Kka3

LKK:
IDAC:

ASSIGNMENT

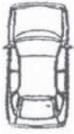
Surveyor: **KENNETH**

DOI: **27.11.2019**

Date / Time : **27.11.2019**

Registered in Merimen: **28.11.2019**

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBD 4527B**

Claim No. : **8589461191SG**

Name of Insured **DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD**

Policy No. : **0999994169**

Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A: **26.11.2019**

Make / Model : **TOYOTA HIACE VAN TURBO 4 DR AUTO**

Place of Accident : **1 TAI SENG DRIVE TO MAIN ROAD TAI SENG DRI**

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

If NO, Driver Name / Age : **YAZID BIN ABDUL SAMAT**

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

Driver Tel No. : **+65-88148404** (V/L: YES / NO)

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

SHB 9965B



INSRS:
WSP: **TRANS-CAB**
Tel: **AUTO**
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

| Date/ Time | STAGE | DATE / PIC | |
|---|--|---|--------------------------|
| SHB 9965B - CC3/ASM17022207/Kka3s2; DOA: 17.11.2017 - CC3/TP19013094/Ka3q2; DOA: 07.10.2016 GBD 4527B - 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) | <input type="checkbox"/> | <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> | <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Bill: | <input type="checkbox"/> | <input type="checkbox"/> | |
| PIR: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mandate/Reject Instruction: | <input type="checkbox"/> | <input type="checkbox"/> | |
| LOD | <input type="checkbox"/> | <input type="checkbox"/> | |
| Payment Breakdown Form: | <input type="checkbox"/> | <input type="checkbox"/> | |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> | |
| | Others: | <input type="checkbox"/> <input type="checkbox"/> | |
| FINALIZATION Date/Time: _____ Confirm with: _____ | Confirm by: | _____ | |
| Repair Cost: S\$ _____ (_____ days) Reduction: _____ % | Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| FINAL SETTLEMENT Date/Time: _____ Confirm with _____ | Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/> Call <input type="checkbox"/> | | |
| Payee 1: S\$ _____ Name 1: _____ | | | |
| Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____ | | | |
| Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____ | | | |

