15/5/2010

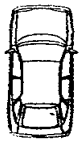
INS. CASE OWNER: Joanne Yong | CC4/FCI19022486/R1hb3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 27/12/2019 Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3777G Claim No. : D19007950MFSH/1

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

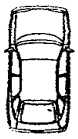
Excess Sec II :S$ D.O.A : Place of Accident :

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

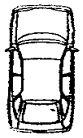
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

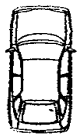
SLD 319T → → →



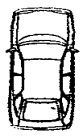
INSRS:
WSP: GOLDBELL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		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:	☐ ☐
	SETTLED. ALL DOCUMENTS IN ORDER.	Mandate/Reject Instruction:	☑ ☐
		LOD	☑ ☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others: CI & DL	☑ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/04/2020	Confirm with CATHERINE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100
Repair Cost: w/gst	S$ 6,099.00		(3 veh.c.c.; OID last car)
Loss of Rental (LOR):	S$ 700.00 (7 days)	x $100	
Loss of Use (LOU):	S$ -- ($ x days)		
Loss of Income (LOI):	S$ -- ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.45		
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: $350.00
Total:	**S$** 6,806.45	**Global Sum S$:** --	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,806.45	Name 1:	GOLDBELL ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ ---	Name 2:	---
Payee 3: (Strike if N.A.)	S$ ---	Name 3:	---