

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

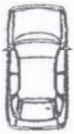
OI SUN PIN

DOI: 30/12/2019

Date / Time : 30/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **FBL 2843J**
 Name of Insured : _____
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **23/12/19 07:50**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : **BUKIT PANJANG ROAD**

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**

SG 5774E



INSRS:
WSP: **SMRT, WL**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SG 5774E - X	FBL 2843J - X	STAGE	DATE / PIC	
18/08/2020	Pls refer to VIEWS for details.		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"/>	
			Others:	<input type="checkbox"/>	
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ Repair Cost: L/sum S\$ 1,350.00 (1 days) Reduction: 50 % Email <input type="checkbox"/> Call <input type="checkbox"/>					
FINAL SETTLEMENT Date/Time: 18/08/2020 Confirm with: Patrick Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia : Repair Cost: S\$ 1,350.00 Loss of Rental (LOR): S\$ (days) Loss of Use (LOU): S\$ 412.50 (\$275 x 1.5 days) Loss of Income (LOI): S\$ (\$ x days) LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] GIA/LTA Search S\$ 7.00 Medical: S\$ Disbursement: S\$ (e.g. Tow/ Independent) Legal Cost S\$ Total: S\$ 1,769.50 Global Sum S\$: 1,750.00 Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>					
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> Payee 1: S\$ 1,750.00 Name 1: SMRT BUSES LTD Payee 2: (Strike if N.A.) S\$ Name 2: Payee 3: (Strike if N.A.) S\$ Name 3:					

1) Claim status: Normal/

2) Report Format: TP

3) Survey fee: \$400.00