

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

MARCUS

DOI: 03/01/2020

Date / Time : 03/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7337X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 12/12/2019

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

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

FBF 3207X

INSRS:
WSP: LEE BRO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBF 3207X - CS3/FCI16022643/Gvbm2; DOA: 17.11.2016 SHC 7337X - X	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:	☐ ☐
		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\$ 2,000.00

(3 days)

Reduction: 63 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 22/06/2020

Confirm with Sebastian

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: (w/GST)

S\$ 2,140.00

PIR AGAINST OID

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 100.00

(\$ 20 x 5 days)

Loss of Income (LOI):

S\$ -

(\$ x days)

LOR only ☐LOU only ☒LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$ 36.45

Medical:

S\$ -

Disbursement:

S\$ 50.00

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal

2) Report Format: TP

3) Survey fee: \$350

Total:

S\$ 2,326.45

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 2,326.45

Name 1:

Lee Brothers Automotive Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: