

INS. CASE OWNER:

CC 61A16 20001315 / Uds3

IDAC:

Surveyor:

Marcus

DOI:

ASSIGNMENT

22/1/2020

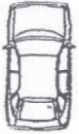
Date / Time:

22/1/2020

Registered in Merimen:

22/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 44937

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 12/1/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

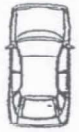
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

FBK 4037L

INSRS:
WSP: Ban Hock Hin
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
FBK 4037L : X , SMF 44937 : 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)	☐
	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\$ 4,550.00 (4 days) Reduction: 51 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 25/06/2020 Confirm with: Raymond Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 24 If NO or B 28, Ass. Lia :		
Repair Cost: (w/GST) S\$ 4,868.50		
Loss of Rental (LOR): S\$ - (days)		
Loss of Use (LOU): S\$ 80.00 (\$ 20 x 4 days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$ -		
Disbursement: S\$ - (e.g. Tow/ Independent)		
Legal Cost S\$ -		
Total: S\$ 4,950.50 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ 4,950.50 Name 1: Ban Hock Hin Co., Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ Name 3: _____		

1) Claim status: Normal ~~Reject Private Settlement~~

2) Report Format: TP

3) Survey fee: \$320