

INS. CASE OWNER: Lee Ming Yao

CC4/AIG20001805/Uka3

LKK:

IDAC:

ASSIGNMENTSurveyor: **MARCUS**DOI: **03/02/2020**Date / Time : **03/02/2020**Registered in Merimen: **03/02/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBD 2428S**
 Name of Insured : **OCEAN AUTOMATION SOLUTION PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$ \$ D.O.A : **10/01/2020 15:15**
 Is driver the owner? (YES / **NO**) Nature of Accident :

Claim No. : **7712245631SG**
 Policy No. : **2100381673**
 Make / Model : **NISSAN CABSTAR**
 Place of Accident : **SLE TOWARDS BKE WOODLANDS AVE 2.**

If NO, Driver Name / Age : **RAJAMANI SAMPATH**Driver Tel No. : **+65-94851509** (V/L: YES / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Insured Liability : % Final ? Yes / No

FBN 1036T

INSRS:
WSP: **EROFIA MOTOR TRADING**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBN 1036T - X	GBD 2428S - 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:

Repair Cost: **L/S** \$ \$ **4,200.00**(**4** days) Reduction: **51** %Confirm by: **CKS****FINAL SETTLEMENT**

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

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

If NO or B 28, Ass. Lia :

Repair Cost:

\$ \$

Loss of Rental (LOR):

\$ \$

(days)

Loss of Use (LOU):

\$ \$

(\$ x days)

Loss of Income (LOI):

\$ \$

(\$ x days)

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

[Tick only one]

GIA/LTA Search

\$ \$

Medical:

\$ \$

Disbursement:

\$ \$

Legal Cost

\$ \$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP/WP**3) Survey fee: **\$290**

Total:

\$ \$

Global Sum \$ \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$ \$

Name 1:

Payee 2: (Strike if N.A.)

\$ \$

Name 2:

Payee 3: (Strike if N.A.)

\$ \$

Name 3: