

INS. CASE OWNER:

CC 4/111 2000 2457 / 4 Fps3

LKK:

IDAC:

Surveyor:

Ram Mares

DOI:

ASSIGNMENT

20/2/2020

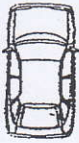
Date / Time:

20/2/2020

Registered in Merimen:

20/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

61BF 2488H

Claim No.:

Name of Insured:

Evergreen Engineering & Construction

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

9/2/2020

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

FBP 6327K

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

FBP6327K : X ; 61BF2488H : 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: PIPS\$ 10901.27(7 days)Reduction: 26

%

Email ☒Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Final Liability:

%

(Agreed)

Assessed)

BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: W/lastS\$ 11664.36

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$ 160.00(\$ 20 x 8 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\$ 11826.36Global Sum S\$: 11800.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Payee 1:

S\$ 11800.00

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 Settle

2) Report Format:

3) Survey fee:

\$600.00\$500.00