15/5/2010

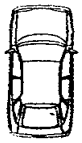
INS. CASE OWNER: ANG Richard | CC4/ASM20003594/Aka3 | LKK: IDAC: 168512

ASSIGNMENT

Surveyor: ADRIAN DOI: 28/02/2020 Date / Time : 27/04/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : FBM 9751P Claim No. : S0M02HOU

Name of Insured : MUHAMMAD HAFIZ BIN ARIFFIN Policy No. : P2382086

Insured Tel No. : HP: +65-96771666 Make / Model : HONDA CB400SF MANUAL

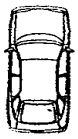
Excess Sec II :S$ D.O.A : 25/02/2020 08:20 Place of Accident : TAMPINES ST-23

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

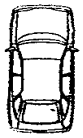
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

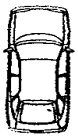
SGA 5855D → → →



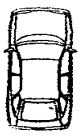
INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGA 5855D - CC6/AIG13019319/Ah2b3w2 ; 14/10/2013	**STAGE** **DATE / PIC**
	FBM 9751P - 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: L/S S$ 2,800.00 (4 days) Reduction: 5,344.78/66% Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 7/8/2020 Confirm with JING YEE Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : 100
Repair Cost:	S$ 2,800.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 240.00 ($ 60 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$ 7.45	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350
Total:	**S$** 3,047.45 **Global Sum S$:** 3,040.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,040.00	Name 1:	HUA MENG SPRAY PAINTING WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	