

INS. CASE OWNER:

CC9 / FC I 20003878 / Kda3

LKK:
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

11/3/2020

Date / Time :

11/3/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7347L

Claim No. : D20601406MFSH

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : SS D.O.A. : 8/3/2020

Place of Accident : Owen Road and Kent Road T-Junction.

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

SCH 6988 H



INSRS:
WSP: Poon Siang
Tel :
Liability : SEOW
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SCH 6988H - CS3/INCL6006302/6XX ; 3/4/16	Non-Reporting ltr (1st):	
SH 7347L - CS/EG11901904/K1A352 ; 18/6/19	Non-Reporting ltr (2nd):	
- CS3/FC19D13275/Bcd3c2 ; 20/7/19	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S\$ 3,000.00 (4 days) Reduction: 75 % Email Call

FINAL SETTLEMENT Date/Time: 23/04/2020 Confirm with: Albert Poon Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9 If NO or B 28, Ass. Lia :

Repair Cost: S\$ 3,000.00

Loss of Rental (LOR)(w/GST) S\$ 513.60 (4 days) x \$120

Loss of Use (LOU): S\$ - (\$ x 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\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 3,521.05 **Global Sum S\$:**

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 3,521.05 Name 1: Poon Siang Seow

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: \$500