15/5/2020

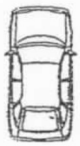
INS. CASE OWNER: Nerma | CC4 / FC120003939 / T1da3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 12/3/2020 Date / Time :

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9093Y Claim No. : D2000123SMFSH

Name of Insured : Policy No. : D-2009492IMFSH

Insured Tel No. : HP: Make / Model :

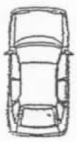
Excess Sec II :S$ D.O.A : 26/02/2020 Place of Accident :

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

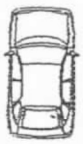
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

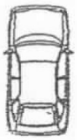
FBM 8580Y → → →



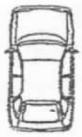
INSRS:
WSP: Leong Seng Motor
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBM 8580Y - NBA/MSG200038281Y ; 26/2/20
	SHA 9093Y - EC3/AXA11017829/M1q1q2 ; 31/8/11 - CS/INC0918071/Cn

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:	S$ 1,750.00 (3 days) Reduction: 44 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/05/2020	Confirm with Teo	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,750.00		
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 90.00 ($ 30 x 3 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: $350
Total:	S$ 1,847.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,847.45	Name 1:	Leong Seng Motor Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	