

INS. CASE OWNER:

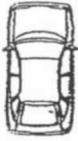
CC 4/111 2000 4067 / Hps3

LKK:
IDAC:

ASSIGNMENT

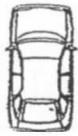
Surveyor: LHA DOI: 16/3/2020 Date / Time: 16/3/2020
Registered in Merimen: 16/3/2020

Pre-assign / CCU / FTE

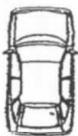


Insured Vehicle No. : GBJ 62274 Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A: 7/3/2020 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

FBN 17581 →



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		STAGE	DATE / PIC
	<u>FBN17581 = X ; GBJ62274 = X</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: P/P S\$ 1,829.30 (4 days) Reduction: 19 % Email Call

FINAL SETTLEMENT Date/Time: 28/07/2020 Confirm with Raymond Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 1,957.35
Loss of Rental (LOR): S\$ _____ (_____ days)
Loss of Use (LOU): S\$ 80.00 (\$ 20 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\$ _____
Disbursement: S\$ _____ (e.g. Tow/ Independent)
Legal Cost S\$ _____
Total: S\$ 2,044.80 **Global Sum S\$: 2,000.00**
1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$350.00

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

Payee 1: S\$ 2,000.00 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: _____