

INS. CASE OWNER:

CC6/FCI20004468/Uka3

LKK:

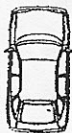
IDAC:

ASSIGNMENT

Surveyor: MARCUSDOI: 25/03/2020Date / Time : 25/03/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 528U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 23/03/2020

Place of Accident : _____

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

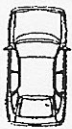
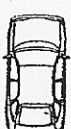
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJF 6335U

INSRS:
WSP: TK LEE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJF 6335U - X	Non-Reporting ltr (1st):	
	SHA 528U - CS/FCI19002122/Avd3e2	Non-Reporting ltr (2nd):	
	CS3/FCI13002331/Cvd1	Non-Reporting ltr (Final):	
	NA/INC08016938/s1	Notification ltr (if non-pickup):	
	NA/INC08024986/w1	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:	Confirm with:	Confirm by:
Repair Cost:	\$S 3550.00	(4 days)	Reduction: 51 %	Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time: 9/2/2021	Confirm with: Sebastian	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 3550.00				
Loss of Rental (LOR):	\$S 600.00	(6 days)	X\$100.00		
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 36.45				
Medical:	\$S -			1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S -	(e.g. Tow/ Independent)		2) Report Format: #	
Legal Cost	\$S -			3) Survey fee: \$ 350.00	
Total:	\$S 4186.45	Global Sum \$S:			
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	\$S 4186.45	Name 1:	TK Lee Automotive Pte Ltd		
Payee 2: (Strike if N.A.)	\$S	Name 2:			
Payee 3: (Strike if N.A.)	\$S	Name 3:			