

INS. CASE OWNER: **Bennie Tan**

CC6/AIG20004592/UKa3

LKK:
IDAC:

ASSIGNMENT

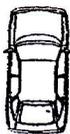
Surveyor: **MARCUS**

DOI: **27/03/2020**

Date / Time: **27/03/2020**

Registered in Merimen: **27/03/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SMA 6685A**
 Name of Insured : **OEI KUAN DOONG, LARRY**
 Insured Tel No. : _____ HP: **+65-97863088**
Excess Sec II :S\$ _____ D.O.A : **06/02/2020**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : **1673726210SG**
 Policy No. : **1800068701**
 Make / Model : **CITROEN GRAND C4 PICASSO 1.2**
 Place of Accident : **ANCHORVALE STREET**

If NO, Driver Name / Age :

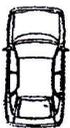
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

FBD 8706A



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
SMA 6685A - CC3/AIG19013671/db3XX ; 02/08/2019	Non-Reporting ltr (1st):	
NA/AIG19014629/h4 ; 02/08/2019	Non-Reporting ltr (2nd):	
FBD 8706A - X	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 type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos: <input type="checkbox"/>
	Others: <input type="checkbox"/>

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: US S\$ 2250.00 (5 days) Reduction: 218.00 % 55. Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: 05/04/2021 Confirm with: Raymond. Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIC If NO or B 28, Ass. Lia :
Repair Cost: S\$ 2407.50 (w/ GST)
Loss of Rental (LOR): S\$ _____ (_____ days)
Loss of Use (LOU): S\$ 100.00 (\$ 20 x 5 days)
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search S\$ 2.00
Medical: S\$ _____
Disbursement: S\$ _____ (e.g. Tow/ Independent)
Legal Cost S\$ _____
Total: S\$ 2509.50 Global Sum S\$: -
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 2509.50 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: _____

OI charged for dangerous driving causing hurt.

1) Claim status: **Normal/Reject/Private Settle**
 2) Report Format: **TP**
 3) Survey fee: **\$320.00.**