

INS. CASE OWNER: Chee-Heng

CC4/AIG20006190/Ura3

IDAC:

ASSIGNMENTSurveyor: MARCUSDOI: 16/06/2020Date / Time : 11/06/2020Registered in Merimen: 11/06/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMA 1001GClaim No. : 5633754817SG

Name of Insured : _____

Policy No. : 1800035810

Insured Tel No. : _____ HP: _____

Make / Model : _____

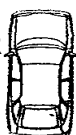
Excess Sec II :\$ _____ D.O.A : 20/05/2020Place of Accident : ALONG EDGEDALE PLAINS

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**FBE 5248UINSRS:
WSP: **EROFIA MOTOR**
Tel : **TRADING**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBE 5248U - CS3/AIG16024451/Pvbs2 ; 08/12/2016	Non-Reporting ltr (1st):	
	SMA 1001G - X	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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM S\$ 800.00 (3 days) Reduction: 80 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 11/3/2021 Confirm with LeeLee Tan		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 800.00			
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\$			
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: 320.00	
Total: S\$ 880.00	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 880.00	Name 1: Erofia Motor Trading Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		