15/5/2010

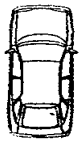
INS. CASE OWNER: Loh, Chee-Heng | CC4/AIG20006195/ka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 15/06/2020 Date / Time : 12/06/2020

Registered in Merimen: 12/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 4508X Claim No. : 6823282483SG

Name of Insured : DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD. Policy No. : 0999993880

Insured Tel No. : HP: Make / Model : MERCEDES-BENZ CITAN 108 CDI

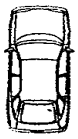
Excess Sec II :S$ D.O.A : 13/01/2020 09:30 Place of Accident : KJE(PIE) BEFORE PIE(CHANGI) EXIT

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

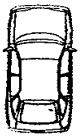
If **NO**, Driver Name / Age : MUHAMAD FAEZ BIN HUSSIN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-88111940 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

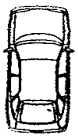
SLQ 4335B → → →



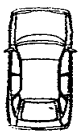
INSRS:
WSP: ESTEEM
Tel : PERFORMANCE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLQ 4335B - X	**STAGE** **DATE / PIC**
	GBF 4508X - CS/AIG20002531/Kvd3e2 ; 13.01.2020	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	