

INS. CASE OWNER:

CC 3 /AIG 2000 6291 / Qds3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

OSP

DOI:

08/06/2020

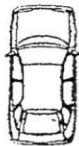
Date / Time :

08/06/2020

Registered in Merimen:

09/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBJ 6873G**
 Name of Insured : **FENGSHENG ELECTRIC CO PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : **05/06/2020**
 Is driver the owner? (YES / **NO**) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

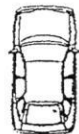
If NO, Driver Name / Age :

Driver Tel No. :

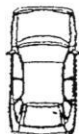
(V/L: **YES** / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Insured Liability : % Final ? Yes / No

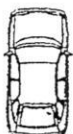
SHD 6470X



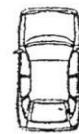
INSRS:
WSP: **SMRT**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 6470X : NS/INC13020878/R1tm3c3 ; DOA : 03/11/2013 GBJ 6873G : X	STAGE	DATE / PIC
		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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Confirm with: _____	Confirm by: _____
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	Email ☐ Call ☐
Repair Cost:	\$S 1,660.00 (3 days) Reduction: 86 %		
FINAL SETTLEMENT	Date/Time: 07/10/2020 Confirm with Tan Lee Gek	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 10	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 1,660.00		
Loss of Rental (LOR):	\$S 447.28 (4 days) X \$111.82		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S 200.00 (\$ 50 x 4 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search	\$S 7.00		
Medical:	\$S -	1) Claim status: Normal Reject Private Sewer	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$320	
Total:	\$S 2,314.28 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S 2,314.28 Name 1: SMRT Taxis Pte Ltd		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		