15/5/2010

INS. CASE OWNER: CC4/AIG20006302/Tea3

LKK:

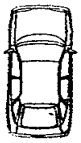
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 15.06.2020 Date / Time : 15.06.2020

Registered in Merimen: 15.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : FBM 9587Y Claim No. : 9351161718SG

Name of Insured : Policy No. : 1800064356

Insured Tel No. : HP: Make / Model :

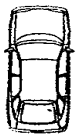
Excess Sec II :S$ D.O.A : 12.06.2020 18:00 Place of Accident :

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

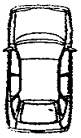
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

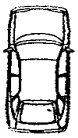
SH 9432K → → →



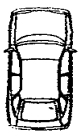
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SH 9432K -	
	CC3/AIC10004894/Ffn 02/04/2010 SH 9432K SGM 9837S 10/03/2010 31/03/2010 LPY CC3/ICS17017392/K1ea3q2 19/10/2017 SH 9432K SJC 9709X 06/09/2017 20/10/2017 HMK CS/III1004147/Rbr1 01/04/2011 YM 365H SH 9432K 10/08/2010 29/03/2011 CYY NA/INC09005302/p1 10/03/2009 TAN SENG HUA SHAWN SGZ 8161K SH 9432K 10/03/2009 11/03/2009 LSR	
	FBM 9587Y - X	
	** REPUDIATED LIABILITY	

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:

FINALIZATION Date/Time: Confirm with: Confirm by: MTH

Repair Cost: L/S S$ 1,150.00 (2 days) Reduction: 26 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25.03.22 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: TP/WP
Legal Cost	S$	3) Survey fee: $320
Total:	**S$** **Global Sum S$:**	4) AR LETTER $2.54

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:	