15/5/2010

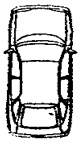
INS. CASE OWNER: ANG Yvonne | CC4/ASM20006415/Dgs3 | LKK: IDAC: 171742

ASSIGNMENT

Surveyor: BRYAN DOI: _____ Date / Time : 18/06/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ 3061A

Name of Insured : CHOW WEN KWAN

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 15/06/2020

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : S0M02PCU

Policy No. : GA351184/1

Make / Model : PORSCHE MACAN

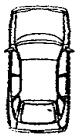
Place of Accident : ALONG BISHAN RD OUTSIDE RAFFLES INSTITUTION

Nature of Accident : _____

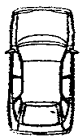
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

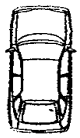
FBF 1504B → _____ → _____ → _____



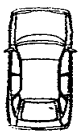
INSRS:
WSP: S9 MOTOR TRADING
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBF 1504B - X SLZ 3061A - 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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: REPAIR LIMIT	S$ 2000.00 (4 days)	Reduction: 2060.50 % 51	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/02/2021	Confirm with ROSE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,000.00		
Loss of Rental (LOR):	S$ (days)		OI CHARGED FOR CARELESS DRIVING
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$ 25.00	(e.g. Tow / Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 2105.00	**Global Sum S$:** 2100.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2100.00	Name 1:	S9 MOTOR TRADING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	