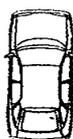


INS. CASE OWNER:

ASSIGNMENT

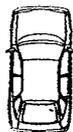
Surveyor: OI SUN PIN DOI: 24.06.2020 Date / Time : 24.06.2020
 Registered in Merimen: 24.06.2020

Pre-assign / CCU / FTE

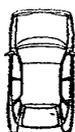


Insured Vehicle No. : SHA 5745B Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 21/06/2020 21:15 Place of Accident : ALONG CLEMENTI RD (NEAR BUS STOP) LP186
 Is driver the owner? (YES / NO) Nature of 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**

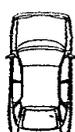
FBM 4861M



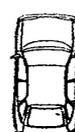
INSRS:
WSP: **YEW TEE**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBM 4861M - X	Non-Reporting ltr (1st):	
	SHA 5745B - CC3/III18019232/R1pb3q2 ; 20/10/2018	Non-Reporting ltr (2nd):	
	C12/LAW11006404/K1; 12/09/2009	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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
06/01/2021	SETTLED AND CLOSED / NO PHY FILE		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 2,319.70 (2 days) Reduction: 62.87 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 30/12/2020 Confirm with YEE MENG		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ 2,482.08		
Loss of Rental (LOR):	S\$ (days)		OID CHANGED LANE
Loss of Use (LOU):	S\$ 120.00 (\$ 40 x 3 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 29.00		
Medical:	S\$		1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee:
Total:	S\$ 2,631.08	Global Sum S\$: 2,600.00	\$350.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 2,600.00	Name 1:	YEW TEE AUTOMOBILE TECH PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	