15/5/2010

INS. CASE OWNER: Goh, Jeremy-CX

CC6/AIG20006912/Akv3

LKK:

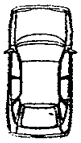
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 01/07/2020 Date / Time : 01/07/2020

Registered in Merimen: 02/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 6912J Claim No. : 8616436365SG

Name of Insured : DAIMLER FLEET MANAGEMENT SINGAPORE Policy No. : 0999993937

Insured Tel No. : HP: Make / Model : CITROEN MDISPATCH 2.0 HDI MT6

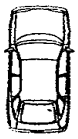
Excess Sec II :S$ D.O.A : 30/06/2020 Place of Accident : PIONEER ROAD TURNING TO TUAS AVE 2

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

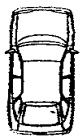
If **NO**, Driver Name / Age : MOHAMED ALI MUHAMMAD FAISAL OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 96563758 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

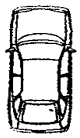
SMJ 7899X → → →



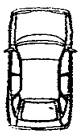
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		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:	L/S S$ 6,500.00 (5 days)	Reduction: 7,402.43/53 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/11/2020	Confirm with CARIN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 4	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6,500.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 400.00 ($ 80 x 5 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
Legal Cost	S$		3) Survey fee: $320
Total:	**S$** 6,900.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,900.00	Name 1:	Eunos Motor Service
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	