

INS. CASE OWNER:

CC 4 / FWD2000 7069 / Dgs3

LKK:
IDAC:

ASSIGNMENT

Surveyor: BRYANDOI: 08/07/2020Date / Time : 07/07/2020Registered in Merimen: 07/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDY 8200H
 Name of Insured : TAN YAN SENG JONATHAN
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 17/06/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

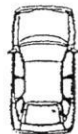
If NO, Driver Name / Age :

Driver Tel No. :

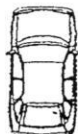
(V/L ☒ YES / NO)OI GIA REPORT ☒ YES / NO ; TP GIA REPORT ☒ YES / NO

Insured Liability : % Final ? Yes / No

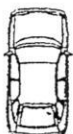
FBQ 3013E



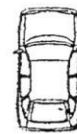
INSRS:
WSP: S9 MOTOR
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	FBQ 3013E : X ; SDY 8200H : 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: L/S	\$S 2750.00 (4 days) Reduction: 2681.00 % 49		
FINAL SETTLEMENT	Date/Time: 09/09/2020 Confirm with: LEENA	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 2750.00		
Loss of Rental (LOR):	\$S (days)	OI DRIVING OUT TO MAIN RD	
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 40.00 (e.g. ☒ Toy / Independent)	2) Report Format: TP	
Legal Cost	\$S	3) Survey fee: \$350.00	
Total:	\$S 2870.00 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	\$S 2870.00 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:		