10	12	n	1	n

INS. CASE OWNER:

S\$

S\$

S\$

Payee 1:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Name 1:

Name 2:

Name 3:

CC 4 / FCI 2000 7219 / Qks3

LKK:

IDAC:

				11	ASSIGNM								
Surveyor:		OSP		DOI: <u>14/07/2020</u>)20	Date / T	ime :	14/07/2	2020			
								ed in Merim				-	
Pre-assig	gn / CCU / F	TTE					Register	ed in Merini				-	
Insured V	Vehicle No.	: <u>S</u> H	IA 1746A			Claim No.	:						
Name of	Insured	:				Policy No.	:						
Insured T	Tel No.	:	HP:			Make / Model	: _						
Excess S	ec II :S\$		D.O.A	30/06/2	2020	Place of Accide	ent:						
Is driver t	the owner?	(YES / N	NO) Nature	of Accident :									
If NO, D	Driver Name	/ Age :				OI GIA REPOI	ORT: YES / NO ; TP GIA REPORT: YES / NO						
D	river Tel No	.:		(V/L: YES / NO) Insured Liab			ility: % Final? Yes/No						
YP	7989X				→				-				
INSRS: WSP: TI Tel: Liability RMKS:	HINK OI	NE 🗐	INSRS: WSP: Tel: Liability: RMKS:			INSRS: WSP: Tel: Liability: RMKS:			INSR: WSP: Tel: Liabil RMK	ity :			
Date/ Tim	ne												
		YP 7989X:	CS/TMI2000	6870/T1at	f3n2 · DOA	. 30/06/2020	STAGE			DATI	E / PIC		
		SHA 1746A				. 30/00/2020	Non-Rep	porting ltr (1s porting ltr (2n					
								porting ltr (Fi					
								tion ltr (if nor					
							Call OI:						
21/7/2020 FCI (Heng) - instructed				not to do express settlement				After call ltr to OI: Documentation Check List: Handler Typist					
	-	as liability und	clear. Informe	d FCI that	we will					ndler	Typist	-	
		submit invoice	e and report.				-	tion ltr (if nor	n-pickup)			_	
							-	ll ltr to OI:		-			
								sation To Act	:			_	
							-	Voucher:				=	
								epair Bill: tal Invoice:			-		
							Towing						
							LTA / G				F	\exists	
							Medical					Ħ	
							PIR:						
							Mandat	te/Reject Ins	truction:				
							LOD						
								nt Breakdow	n Form:				
PRELIMINARY ADVICE Date/Time: Sent By:							Post-Re	epair Photos	:				
							Others:						
FINALIZATION		Date/Time:		Confirm			Confir	m by:					
Repair Cost:	P/P s	\$\$ 800.00	(2 _{day}	s) Reduction	n:3,542 / 8	32%		-	Email	Call			
FINAL SETTLEM		Date/Time:		m with			Email	Call					
Final Liability:		/6	(Agreed / Assess	ed) BOL S/	'N No. :		If NO	or B 28, Ass.	. Lia :				
Repair Cost:		3\$					-						
Loss of Rental (LO		S\$	day	18			-						
Loss of Use (LOU)		3\$ (5		1			-						
Loss of Income (LC		S\$ (5		ys)	Nole only 1		-					-	
	LOU only	LOR + LOU		r] LIC	ick only one]		-						
GIA/LTA Search		3\$					1) Clair	m status: No	rmal/Reject	/Private	Settle		
Medical: Disbursement:		3\$		(a Fou	// Independent)		ort Format:	WP				
Legal Cost		S\$, 0,,,				vey fee:	\$206				
Total:		SS	Globa	l Sum S\$:									
FINAL PAYMEN	T I	Date/Time:	Confir	m with:			Email	Call					