

INS. CASE OWNER:

CC 4 /LPC 2000 7320 / Ubs3n2

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Marcus

DOI:

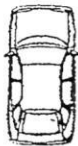
16/07/2020

Date / Time :

15/07/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GR 9275L

Claim No. : 19/20/20/VC05/023295

Name of Insured : VFS ENTERPRISE

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$ D.O.A : 04/04/2020

Place of Accident :

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

If NO, Driver Name / Age :

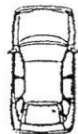
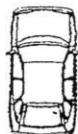
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

FL 7080M

INSRS:
WSP: EROFIA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

FL 7080M : X ; GR 9275L : 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:

31/08/2020 SETTLED AND CLOSED / NO PHY FILE

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 2,800.00 (4 days) Reduction: 67.36 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/08/2020 Confirm with: LEE LEE

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 2,800.00

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 180.00 (\$ 30 x 6 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\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

Total: S\$ 2,980.00 Global Sum S\$: 2,950.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

TP
\$400.00

FINAL PAYMENT Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 2,950.00

Name 1: EROFIA MOTOR TRADING PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: