15/5/2010

INS. CASE OWNER:

CC6/FCI20008688/Uka3

LKK:

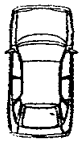
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 19/08/2020 Date / Time : 19/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2136D Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

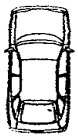
Excess Sec II :S$ D.O.A : 08/08/2020 Place of Accident :

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

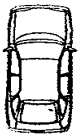
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

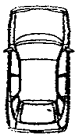
SLC 2565R → → →



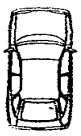
INSRS:
WSP: T K LEE
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLC 2565R - CC4/ASM18011401/Kpa3s2 ; 20/06/2018	**STAGE** **DATE / PIC**
	CV1/VAL19004766/Bs ; 03/11/2018	Non-Reporting ltr (1st):
	SHA 2136D - CS/FCI18016744/Kvbn2 ; 12/09/2018	Non-Reporting ltr (2nd):
	CS/FCI18022413/Uvd3e2 ; 11/12/2018	Non-Reporting ltr (Final):
	CS/FCI19020199/Fqf3n2 ; 07/11/2019	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:	S$1,800 (3 days) Reduction: 3,456.52/66 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	FCI: CHRIS INSTRUCT SUBMIT WP
Loss of Use (LOU):	S$	x days)	
Loss of Income (LOI):	S$	(days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	OR + LOU ☐ [**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: WP
Legal Cost	S$		3) Survey fee: $ 281
Total:	**S$**	**Global Su**	
FINAL PAYMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	