

INS. CASE OWNER:

CC 4 /LPC2000 8877 / Egs3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

STEVE

DOI:

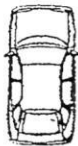
25/08/2020

Date / Time :

24/08/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 6300X

Claim No. : _____

Name of Insured : FONG YOKE LAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 21/08/2020

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. : _____

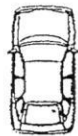
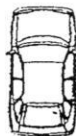
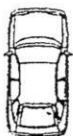
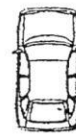
(V/L ☒ YES / NO)

Insured Liability : _____

%

Final ? Yes / No

SMD 7173M

INSRS:
WSP: CYCLE & CARRIAGE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMD 7173M : X		STAGE	DATE / PIC
	SLF 6300X : CC4/LPC20000085/da3 ; DOA : 27/12/2019		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: P/P	S\$ 2074.00	(3 days) Reduction: 2385.00 % 53	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 14/01/2021	Confirm with RENEMER	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2219.18	W/GST		
Loss of Rental (LOR):	S\$ 342.40	(2 days) x \$171.20 W/GST	OI CHARGED FOR CARELESS DRIVING	
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$ 2.00			
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: \$400.00	
Total:	S\$ 2563.58	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 2563.58	Name 1: CYCLE & CARRIAGE - FULCO MOTOR DEALER PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		