

ASSIGNMENTSurveyor: KennethDOI: 11/09/2020Date / Time : 10/09/2020Registered in Merimen: 10/09/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLZ 899U

Claim No. : _____

Name of Insured : DING YEN SHEE DANIEL

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 17/08/2020

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****FBQ 9953C**INSRS:
WSP: LEE LUEW SING
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBQ 9953C : X ; SLZ 899U : 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
			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 by: KSC	
Repair Cost:	L/S S\$ 3,150.00	(4 days) Reduction:	65 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12.03.21	Confirm with RAY	Email ☐	Cal ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 11a	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,150.00	OID MAKING UTURN HIT TP		
Loss of Rental (LOR):	S\$ -	(_____ days)		
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 + LO ☐	[Tick only one]	
GIA/LTA Search	S\$ -			
Medical:	S\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$ -	2) Report Format: TP		
		3) Survey fee: \$320		
Total:	S\$ 3,230.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 12.03.21	Confirm with: RAY	Email ☐	Cal ☐
Payee 1:	S\$ 3,230.00	Name 1:	ACCIDENT ASSIST SG	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		