15/5/2010

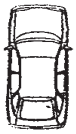
INS. CASE OWNER: VIC | CC4/FCI20009930/Era3q2 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16/9/2020

Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3209X | Claim No. : D20003684MFSH

Name of Insured : | Policy No. : D-20094922MFSH

Insured Tel No. : | HP: | Make / Model :

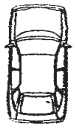
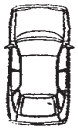
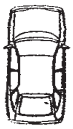
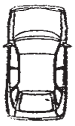
Excess Sec II :S$ | D.O.A : 09/09/2020 18:00 | Place of Accident : JUNCTION OF MAXWELL ROAD / PECK SIAH STREET

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**

SGX 9111U → _____ → _____ → _____

 INSRS: WSP: CHARN'S CUSTOMCRAFT Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SGX 9111U - X	Non-Reporting ltr (1st):	
	SHA 3209X - CS/TMI16015472/H1vbn2 - 16/08/2016	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:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/SUM | S$ 800.00 (3 days) Reduction: 29 % | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05.01.2021 Confirm with CHARN'S CUSTOMCRAFT | Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9c	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 856.00	
Loss of Rental (LOR): w/GST	S$ 214.00 (2 days) x $100.00	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$	
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: 350.00
Total:	**S$** 1,070.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1,070.00	Name 1:	CHARN'S CUSTOMCRAFT
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	