15/5/2010

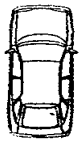
INS. CASE OWNER: LOH CHEE HENG | CC4/AIG20011248/Kpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: Date / Time : 16/10/2020 (19/10/2020 - ASSIGN FR AIG)

Registered in Merimen: 16/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 883T Claim No. : 0207743303SG

Name of Insured : FULCO LEASING PTE LTD Policy No. : 999993928/100857090-00000

Insured Tel No. : HP: Make / Model : CITROEN BERLINGO L2 1.6

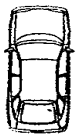
Excess Sec II :S$ D.O.A : 18/08/2020 13:30 Place of Accident : ALONG MOUNTBATTEN RD

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

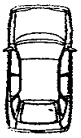
If **NO**, Driver Name / Age : MOHAMED TAUFIQ BIN MOHAMED NO OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

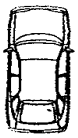
SBP 6575K → → →



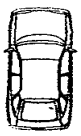
INSRS:
WSP: AUTOWORX
Tel : HOUSE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SBP 6575K - X GBE 883T - CC4/AXA16019236/Gua3s2 - 08/10/2016

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:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: KSC

Repair Cost: L/S S$ 4,550.00 (2 days) Reduction: 58 % EXC CHECK ITEM $1,224.00 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)	
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/WP
Legal Cost	S$		3) Survey fee: $290
Total:	**S$**	**Global Sum S$:**	

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:	