

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

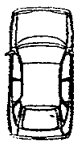
15/04/2021

Date / Time :

05/04/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJC 1636A

Claim No. : D21001028MVQC

Name of Insured : YEW CHOON TECHNOLOGY PTE LTD

Policy No. : D-20095785MVQC

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$

D.O.A : 29/03/2021 11:40

Place of Accident : BLK 201B OPEN SPACE CARPARK
Tampines Street 23, Singapore

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SMF 1129X

INSRS:
WSP: Progressive
Tel : Car Care
Liability : Pte Ltd
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMF 1129X -X SJC 1636A - NA/AIG14015701/r3 ; 16.08.2014	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
28/5/2021	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT WP REPORT AS PER FCI INSTRUCTION	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\$ 1,755.99 (2 days) Reduction: 18 %	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: <u>Normal/Reject/Private Settle</u>	WP
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:	TP
Legal Cost	S\$	3) Survey fee:	226.00
Total:	S\$	Global Sum S\$:	\$110.00 + \$16 + \$50 + \$50
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:	