

INS. CASE OWNER:

CC4/FCI21004336/R1ra3

LKK:

IDAC:

Surveyor:

RASUL

DOI:

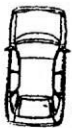
ASSIGNMENT

07/04/2021

Date / Time : 06/04/2021

Pre-assign / CCU / FTE

Registered in Merimen: _____



Insured Vehicle No. : GBE 9983D

Claim No. : D21001056MFCV

Name of Insured : _____

Policy No. : D-20095634MFCV

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 03/04/2021 09:20

Place of Accident : 78 Moh Guan Terrace, Singapore 162078

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

SKT 8128C

INSRS:
WSP: WEARNES
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	GBE 9983D - X	SKT 8128C - 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 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:	☐ ☐
22/7/2021	PLEASE REFER TO VIEWS FOR DETAILS * SUBMIT WP AS PER FCI INSTRUCTIONS			

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	
FINALIZATION Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: P/P S\$ 8,614.58 (4 days) Reduction: 56 %	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\$ _____	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	
Legal Cost S\$ _____	
Total: S\$ _____	Global Sum S\$: \$170.00 + \$135.00 + \$24.00 + \$50.00 + \$50.00
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: _____	