

15/5/2010

INS. CASE OWNER:

CC4/FCI21005055/Ues3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus

DOI: 23/04/2021

Date / Time : 22/04/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 2214K

Claim No. : _____

Name of Insured : GOLDBELL LEASING PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S\$ _____ D.O.A : 20/04/2021

Place of Accident : _____

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

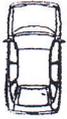
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

PC 184Y



INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	PC 184Y : CS3/GAI18017935/Ucd3e2 ; DOA : 29/09/2018 GBJ 2214K : 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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	CKS
Repair Cost: <u>L/S</u> \$S\$ <u>15,500.00</u> (<u>9</u> days' Reduction: <u>64</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time:	Confirm with	Email <input type="checkbox"/> Cal <input type="checkbox"/>	
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :	
Repair Cost: \$S\$			
Loss of Rental (LOR): \$S\$ (_____ days)		SURVEY FEE: \$665	
Loss of Use (LOU): \$S\$ (\$ _____ x days)		TRANSPORT: \$150	
Loss of Income (LOI): \$S\$ (\$ _____ x days)		PHOTO : \$191	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LC <input type="checkbox"/> [Tick only one]			
GIA/LTA Search \$S\$			
Medical: \$S\$		1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement: \$S\$ (e.g. Tow/ Independent)		2) Report Format: TP/WP	
Legal Cost \$S\$		3) Survey fee: \$1,006.00	
Total: \$S\$	Global Sum \$S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Cal <input type="checkbox"/>	
Payee 1: \$S\$	Name 1:		
Payee 2: (Strike if N.A.) \$S\$	Name 2:		
Payee 3: (Strike if N.A.) \$S\$	Name 3:		

580
580
4/5/21