15/5/2010

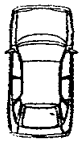
INS. CASE OWNER: RACHEL WU | CC4/FCI21005577/R1ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 11/05/2021 Date / Time : 06/05/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 6207X Claim No. : D21001401MFCV

Name of Insured : GOLDBELL LEASING PTE LTD Policy No. : D-20095634MFCV

Insured Tel No. : HP: Make / Model : Mazda CX-3

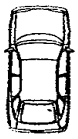
Excess Sec II :S$ D.O.A : 26/04/2021 19:16 Place of Accident : BOON LAY WAY GATEWAY DRIVE

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

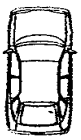
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

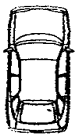
SKC 1866R → → →



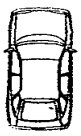
INSRS:
WSP: TRANS EUROKARS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKC 1866R - CC3/AXA16015338/R1eb3q2 ; 14.08.2016	**STAGE** **DATE / PIC**
	GBG 6207X - X	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MRB
Repair Cost: P/P	S$ 4,233.40 (4 days)	Reduction: 35 %	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$		SURVEY FEE: $145
Loss of Rental (LOR):	S$ (days)		TRANSPORT: $100
Loss of Use (LOU):	S$ ($ x days)		PHOTO : $28
Loss of Income (LOI):	S$ ($ 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: $273
Total:	**S$**	**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:	