15/5/2010

INS. CASE OWNER:

CC4/FCI21005785/Gea3

LKK:

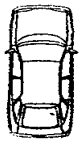
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 25/05/2021 Date / Time : 12/05/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SBS 3476S Claim No. : D21001501MFBP

Name of Insured : GO AHEAD SINGAPORE PTE LTD Policy No. : D-20096309MFBP

Insured Tel No. : HP: Make / Model :

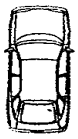
Excess Sec II :S$ D.O.A : 21/04/2021 Place of Accident :

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

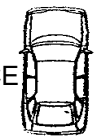
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

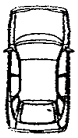
FBC 6231X → → →



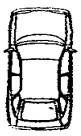
INSRS:
WSP: ENROUTE PERFORMANCE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SBS 3476S - X FBC 6231X - X	
	NO ES SUBMIT WP REPORT	

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: XGQ

Repair Cost: L/S S$ 800.00 (2 days) Reduction: 90 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 24.03.22 Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	survey fee: $160
Loss of Rental (LOR):	S$ (days)	trip: $100
Loss of Use (LOU):	S$ ($ x days)	photo: $126
Loss of Income (LOI):	S$ ($ 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: $386
Total:	**S$** **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:	