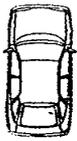


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: RASUL DOI: 17/06/2021 Date / Time : 16/06/2021  
 Registered in Merimen: \_\_\_\_\_

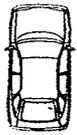
**Pre-assign / CCU / FTE**



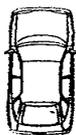
Insured Vehicle No. : YP 559A Claim No. : D21001807MFCV  
 Name of Insured : \_\_\_\_\_ Policy No. : D-21097582MFCV  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 14.06.2021 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / 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**

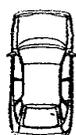
**PC 89P**



INSRS: **THINK ONE**  
 WSP: **AUTOCARE**  
 Tel : **PTE LTD**  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>PC 89P - NBA/CTI21006704/Y ; 14.06.2021</b> <b>YP 559A - NA/CTI19015404/z4 ; 24.08.2019</b>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
<b>24/9/2021</b>	<b>PLEASE REFER TO VIEWS FOR DETAILS</b> <b>*SUBMIT WP AS PER FCI INSTRUCTIONS</b>	After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <b>L/SUM</b> S\$ <b>31,300.00</b> ( <b>20</b> days) Reduction: <b>79</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with	Email <input type="checkbox"/> Call <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)			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$			
Medical: S\$		1) Claim status: <del>Normal/Reject/Private Settle</del> <b>WP</b>	
Disbursement: S\$ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>	
Legal Cost S\$		3) Survey fee: <b>2,544.00</b>	
<b>Total:</b> S\$	<b>Global Sum S\$:</b> 170.00 + \$2,085.00 + \$189.00 + \$50.00 + \$50.00	Sweepeng approve \$580	
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <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:		