

JACLYN

CC4/FCI21007457/Dra3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

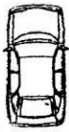
BRYAN

DOI:

Date / Time: **09/07/2021**

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : **XD 2787U**
 Name of Insured : **XIN HUA TRANSPORTATION PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$ _____ D.O.A : **07/07/2021**

Claim No. : **D21001999MFVS**Policy No. : **D-21097942MFVS**

Make / Model : _____

Place of Accident : _____

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****SH 8990Y**

INSRS: **BIFROST**
 WSP: **AUTO**
 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
	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
28/1/2021	SH 8990Y - X	
	XD 2787U - NJA/INC08031971/y1 ; 04.12.2008	
	PLEASE REFER TO VIEWS FOR DETAILS	
	*SUBMIT WP REPORT AS PER FCI INSTRUCTION	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P S\$ 9,660.84 (7 days) Reduction: 57 % \$13,063.92 Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Confirm by: _____		
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\$ _____ (e.g. Tow/ Independent)		
Disbursement: S\$ _____		
Legal Cost S\$ _____		
Total: S\$ _____ Global Sum S\$: \$170.00 + \$180.00 + \$148.00 + \$50.00 + \$50.00 + \$50.00		
FINAL PAYMENT 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: _____		

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 28/1/22