

INS. CASE OWNER:

RACHEL WU

CC4/FCI21007503/Kea3

IDAC:

ASSIGNMENT

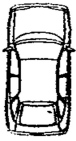
Surveyor: **KENNETH**

DOI: **09/07/2021**

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

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SBS 3359Y**

Claim No. : **D21002001MFBP**

Name of Insured : **Tower Transit Singapore P/L**

Policy No. : **D-21097502MFBP**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **08/07/2021**

Place of Accident : _____

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

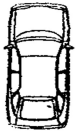
If **NO**, Driver Name / Age :

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

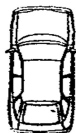
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

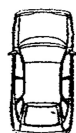
SHD 323C



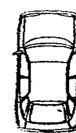
INSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 323C - CC3/AIG11008210/Ka2b3k2 ; 28/04/2011	Non-Reporting ltr (1st):	
	CC3/ASM19011344/Kha3s2 ; 21/06/2019	Non-Reporting ltr (2nd):	
	CC3/FCI14009017/Kgbd1 ; 07/10/2013	Non-Reporting ltr (Final):	
	SBS 3359Y - NA/CTI21004584/h4 ; 09.04.2021	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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: KSC	
Repair Cost: L/S	S\$ 9,450.00 (8 days) Reduction: 70 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 29.07.21 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\$	SURVEY FEE: \$485	
Loss of Rental (LOR):	S\$ (_____ days)	TRANSPORT: \$50	
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)	PHOTO : \$30	
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: Normal/ Reject/Private Sec'd	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP / WP	
Legal Cost	S\$	3) Survey fee: \$350	
Total:	S\$ Global Sum S\$:		
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: _____		