15/5/2010
INS. CASE OWNER:

**KAREN TAN** 

## CC4/FCI21008229/Kra3

LKK: IDAC:

ASSIGNMENT

			TIDDIGITIE
Surveyor:	KENNETH	DOI:	04/08/202

Date / Time : 03/08/2021

Registered	in Merimen:	

## Pre-assign / CCU / FTE



Insured Vehicle No. : SKF 2466P Claim No. : D21002223MFZH

Name of Insured : SIANG HOCK CAR RENTAL PTE LTD Policy No. : D-21097526MFZH

Insured Tel No. : HP: Make / Model :

Excess Sec II :S\$ D.O.A : 30-07-2021 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

## SMV 9277P \_\_\_\_\_



INSRS: WSP: CITY AUTO Tel: PTE LTD

Liability : RMKS:



INSRS: WSP: Tel:





INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability:

Date/ Time		
	SMV 9277P - X	STAGE DATE / PIC
	SKF 2466P - NBA/INC15000613/Y; 11/01/2015	Non-Reporting ltr (1st):
	NBA/INC15001385/Y; 23/01/2015	Non-Reporting ltr (2nd):
	NBA/INC17002280/Y; 04/02/2017	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
4 = 100 1000 4		Documentation Check List: Handler Typist
15/08/2021	PLEASE REFER TO VIEWS FOR DETAILS	Notification ltr (if non-pickup)
	*SUBMIT WP AS PER FCI INSTRUCTIONS	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:
RELIMINARY ADVIC	E Date/Time: Sent By:	Post-Repair Photos:
RELIVITIVANT ADVIC	E Date Time. Sent By.	Others:
INALIZATION	Date/Time: Confirm with:	Confirm by:
epair Cost: P/P		Email Call
INAL SETTLEMENT	S\$ 560.88 ( 1 days) Reduction: 50 %  Date/Time: Confirm with	
INAL SETTLEMENT	Date/Time: Confirm with	Email Call
1 7 1 1 11.	W 111 DOLL GRIN	YEAVO DOO ! Y!
	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia:
epair Cost:	S\$	If NO or B 28, Ass. Lia:
epair Cost: oss of Rental (LOR):	S\$ S\$ ( days)	If NO or B 28, Ass. Lia:
epair Cost: oss of Rental (LOR): oss of Use (LOU):	S\$ S\$ ( days) S\$ (\$ x days)	If NO or B 28, Ass. Lia:
epair Cost:  coss of Rental (LOR): coss of Use (LOU): coss of Income (LOI):	S\$ S\$ ( days) S\$ (\$ x days) S\$ (\$ x days)	If NO or B 28, Ass. Lia:
epair Cost:  coss of Rental (LOR):  coss of Use (LOU):  coss of Income (LOI):  COR only  LOU onl	S\$   S\$   (   days)	If NO or B 28, Ass. Lia:
epair Cost:  oss of Rental (LOR):  oss of Use (LOU):  oss of Income (LOI):  OR only LOU onl  IA/LTA Search	S\$   S\$   ( days)     S\$   (\$ x days)     S\$   (\$ x days)     LOR + LOU	,
epair Cost:  oss of Rental (LOR):  oss of Use (LOU):  oss of Income (LOI):  OR only LOU onl  IA/LTA Search  fedical:	S\$   (   days)	1) Claim status: Normal/Reject/Private Settle WF
epair Cost:  oss of Rental (LOR):  oss of Use (LOU):  oss of Income (LOI):  OR only LOU onl  IA/LTA Search  fedical:  isbursement:	S\$   S\$   ( days)	1) Claim status: Normal/RejectPrivate Settle WF 2) Report Format: TP
epair Cost:  coss of Rental (LOR): coss of Use (LOU): coss of Income (LOI): coss of Inco	S\$   S\$   (   days)	1) Claim status: Normal/Reject/Private Settle WP 2) Report Format: TP 3) Survey fee: 216.00
epair Cost:  coss of Rental (LOR): coss of Use (LOU): coss of Income (LOI): coss of Use (LOV): coss of Rental (LOR): coss of Use (LOU): coss of Use (LOU): coss of Income (LOI):	S\$   S\$   (   days)	1) Claim status: Normal/Reject/Private Settle WF 2) Report Format: TP 3) Survey fee: 216.00
epair Cost: oss of Rental (LOR): oss of Use (LOU): oss of Income (LOI): OR only LOU onl IA/LTA Search Iedical: iisbursement: egal Cost otal:	S\$   S\$   (   days)	1) Claim status: Normal Reject Private Settle— WP 2) Report Format: TP 3) Survey fee: 216.00
epair Cost: oss of Rental (LOR): oss of Use (LOU): oss of Income (LOI): OR only LOU onl IA/LTA Search Iedical: eisbursement: egal Cost otal: INAL PAYMENT	S\$   S\$   (   days)	1) Claim status: Normal/RejectTrivate Settle WP 2) Report Format: TP 3) Survey fee: 216.00 + \$50.00
inal Liability: epair Cost: oss of Rental (LOR): oss of Use (LOU): oss of Income (LOI): OR only LOU onl ela/LTA Search fedical: bisbursement: egal Cost otal: INAL PAYMENT ayee 1: ayee 2: (Strike if N.A.)	S\$   S\$   (   days)	1) Claim status: Normal/RejectTrivate Settle WP 2) Report Format: TP 3) Survey fee: 216.00 + \$50.00