

CC4/III19014858/Ees3

15/5/2019

INS. CASE OWNER:

CC4/III1901

LKK:

IDAC:

Surveyor:

STEVE

DOI:

ASSIGNMENT

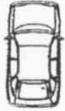
Date / Time :

21/8/19

Registered in Merimen:

21/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHB 4053R

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

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

PC 5603y



INSRS:

WSP:

Tel :

Liability :

RMKS:

Feida Bus



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
16/8/2019	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: CTY		
Repair Cost: L/S	\$S 2,700.00	(4 days) Reduction: 77 %
Final Liability: 100	% 50	(Agreed / Assessed) BOLA S/N No. : NIL
Repair Cost: \$2,889.00	\$S 1,444.50	OID CHANGED LANE, TP OVERTAKE
Loss of Rental (LOR): -	\$S -	(days)
Loss of Use (LOU): \$750.00	\$S 375.00	(\$ 250 x 3 days)
Loss of Income (LOI): -	\$S -	(\$ x days)
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]
GIA/LTA Search -	\$S -	
Medical: -	\$S -	
Disbursement: -	\$S -	(e.g. Tow/ Independent)
Legal Cost -	\$S -	
Total: \$3,639.00	\$S 1,819.50	Global Sum \$S: 1,830.00
FINAL PAYMENT Date/Time: 16.08.21 Confirm with: YOERY Email: Call:		
Payee 1:	\$S 1,830.00	Name 1: FEIDA BUS CONSORTIUM PTE LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2:
Payee 3: (Strike if N.A.)	\$S -	Name 3: