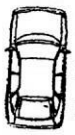
15/5/2010

INS. CASE OWNER: ESTHER LIM | CC4/FCI21009425/Ara3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 07/09/2021 Date / Time : 07/09/2021

Pre-assign / CCU / FTE Registered in Merimen:



Insured Vehicle No. : GBE 7726T Claim No. : D21002510MFCV

Name of Insured : GOLDBELL LEASING PTE LTD Policy No. : D-21097582MFCV

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 04/09/2021 Place of Accident :

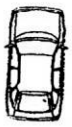
Is driver the owner? (YES / NO) Nature of Accident :

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

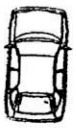
Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

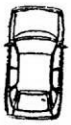
SKV 9547J →



INSRS:
WSP: XIN HUA WORKSHOP PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKV 9547J - X GBE 7726T - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
03/01/2022	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT WP REPORT AS PER FCI INSTRUCTION	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:

Repair Cost: L/SUM S$ 16,800.00 (24 days) Reduction: 46 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
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 ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		
Disbursement:	S$	(e.g. Tow/ Independent)	1) Claim status: ~~Normal/Reject/Private Settle~~ WP
Legal Cost	S$		2) Report Format: TP
Total:	**S$**	**Global Sum S$:**	3) Survey fee: 917.00

$170.00 + $435.00 + $212.00 + $50.00 + $50.00

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

580

OSJ 3/1/22