

15/5/2010

INS. CASE OWNER:

CC6/CTI21009849/Ues3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

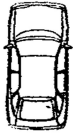
Marcus

DOI: 21/09/2021

Date / Time : 21/09/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 1122U

Claim No. : _____

Name of Insured : CHAN BUS CHARTERED

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/09/2021

Place of Accident : _____

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

If NO, Driver Name / Age :

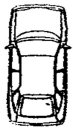
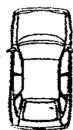
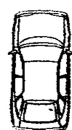
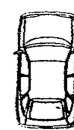
OI GIA REPORT: ☒ YES NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

GBE 7523L

INSRS:
WSP: LIU'S BROTHER
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBE 7523L : X ; PC 1122U : X		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
			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: CKS	
Repair Cost:	L/S S\$ 7,200.00	(10 days' Reduction: 46 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 18.11.21	Confirm with: SUSAN	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 7,200.00	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 960.00	(\$ x days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐	LOR + LC ☐	[Tick only one]	
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ -	1) Claim status: Normal/Reject/Dispute/Settle		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$400		
Total:	S\$ 8,162.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 18.11.21	Confirm with: SUSAN	Email ☐	Call ☐
Payee 1:	S\$ 8,162.00	Name 1:	LIU'S BROTHER AUTO ENGINEERING WORKSHOP	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		