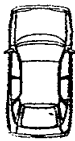|	
INS. CASE OWNER: KAREN TAN	CC4/FCI21010095/Ura3	LKK: IDAC:

ASSIGNMENT

Surveyor: **MARCUS** DOI: 11/10/2021 Date / Time : 28/09/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : YQ 966C	Claim No. :	D21002696MFCV
Name of Insured :	Policy No. :	D-21097582MFCV
Insured Tel No. : HP:	Make / Model :	

Excess Sec II :S$ _____ D.O.A : 24-09-2021 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
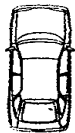
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

GBK 9080C ────▶ _____ ────▶ _____ ────▶ _____

INSRS: PRECISE AUTO SERVICE WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	GBK 9080C - X YQ 966C - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
05/11/2021	PLEASE REFER TO VIEW FOR MORE DETAILS *SUBMIT WP AS PER FCI INSTRUCTIONS	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$ 3,500.00 (5 days) Reduction: 50 % 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$	1) Claim status: Normal/~~Reject/Private Settle~~	
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: WP	
Legal Cost	S$	3) Survey fee: 288.00	
Total:	**S$** Global Sum S$:	$145.00 + $43.00 + $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: