15/5/2010

INS. CASE OWNER:

CC4/FCI21010707/Kpa3

LKK:

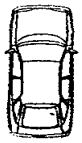
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 19/10/2021 Date / Time : 18/10/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SBS 3337K Claim No. : D21002915MFBP

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

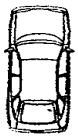
Excess Sec II :S$ D.O.A : 18-10-2021 Place of Accident :

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

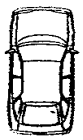
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

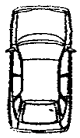
SFH 6336D → → →



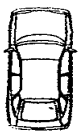
INSRS:
WSP: A T Auto Consultant
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SBS 3337K - X	**STAGE** **DATE / PIC**
	SFH 6336D - CS/CTI21008901/Kqcn2 ; 17/08/2021	Non-Reporting ltr (1st):
	NA/INC19016283/z4 ; 13/09/2019	Non-Reporting ltr (2nd):
	NBA/UOI16006592/Y ; 09/04/2016	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
16/11/2021	Pls refer to VIEWS for details.	**Documentation Check List: Handler Typist**
		Notification ltr (if non-pickup)
	*Submit WP to MS FCI	After call ltr to OI:
	*MS FCI handle claim directly	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:
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 1,250.00 (2 days) Reduction: 68 %		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 /WP
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $245.00
Total:	**S$**	**Global Sum S$:**	($130 + $15 + $50 + $50)

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:	