15/5/2010

INS. CASE OWNER: CC6/AIG21010735/gs3

LKK:

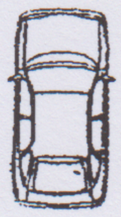
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 19/10/2021

Registered in Merimen: 19/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 3687Y

Name of Insured : FIBER ONE ASIA PTE. LTD.

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 16/10/2021

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

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

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

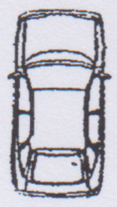
Make / Model : _____

Place of Accident : _____

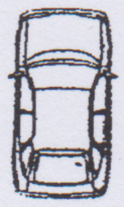
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

GBG 8240K →

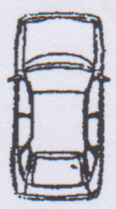


INSRS:
WSP: JIN AUTO
Tel :
Liability :
RMKS:



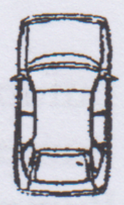
INSRS:
WSP:
Tel :
Liability :
RMKS:

→ _____ →



INSRS:
WSP:
Tel :
Liability :
RMKS:

_____ →



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBG 8240K : X
	GBJ 3687Y : NA/CTI20007516/h4 ; DOA : 21/07/2020
22/10/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER
07/01/2022	CLAIMANT WITHDRAW CLAIM. NO SURVEY DONE. CANCEL CASE.
	MR YEW TO SIGN
10/01/22	TO CANCEL.

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	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:	S$	days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	firm with	Email ☐ Cal ☐
Final Liability:	% (Agreed /	d) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (	d	
Loss of Use (LOU):	S$ ($ x	days)	
Loss of Income (LOI):	S$ ($ x	days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐	only one]
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	e.g. Tow/ Indep	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**al Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	