15/5/2010

INS. CASE OWNER:

CC4/FCI21012192/Kpa3

LKK:

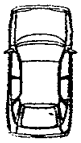
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 01/12/2021 Date / Time : 01/12/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SBS 3366B Claim No. : D21003329MFBP

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

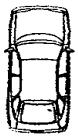
Excess Sec II :S$ D.O.A : 29-11-2021 Place of Accident :

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

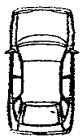
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

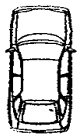
SHD 9769R → → →



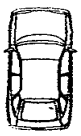
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 9769R - CC3/AIG14011849/Ksa3w2; 21/06/2014	**STAGE** **DATE / PIC**
	CC3/TP15004324/Kye3XX; 08/03/2015	Non-Reporting ltr (1st):
	SBS 3366B - X	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
08/12/2021	Pls refer to VIEWS for details.	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	*Submit WP to MS FCI	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:
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 2,347.43 (3 days) Reduction: 85 %		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: $350.00
Total:	**S$**	**Global Sum S$:**	

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:	