

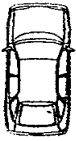
INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **13/07/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **CB 9928T**Claim No. : **S2M046EV**Name of Insured : **SO LAN @FOO SO LAN**Policy No. : **GA603540**

Insured Tel No. : _____ HP: _____

Make / Model : **Toyota Hiace**Excess Sec II :\$ _____ D.O.A : **07/07/2022 16:40**Place of Accident : **Paya Lebar Rd, Singapore**Is driver the owner? (YES / NO) Nature of Accident : **JUNCTION PIE**

If NO, Driver Name / Age : _____

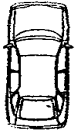
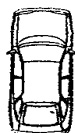
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

FBS 7117CINSRS:
WSP: **EROFIA**
Tel : **MOTOR**
Liability : **TRADING**
RMKS: **PTE LTD**INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE		DATE / PIC
FBS 7117C - X			
CB 9928T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CS/CTI20013270/Avf3q2 09/12/2020 CB 9928T GBK 371Y 30/11/2020 09/12/2020 LST1			
NA/INC20013195/z4 01/12/2020 LEOW SENG KIONG CB 9928T GBK 371Y 30/11/2020 21/12/2020 HZT			
	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:	☐	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:		☐ ☐
	Others:		☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: S\$ _____ (_____ days) Reduction: _____ %	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:		
Legal Cost S\$ _____	3) Survey fee:		
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: _____			