

INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **20/09/2022**Registered in Merimen: **20/09/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBF 4162J**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **13.09.2022 20:00**Place of Accident : **CTE**

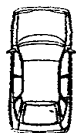
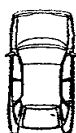
Is driver the owner? (YES / NO) Nature of Accident : _____

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****FBU 1688A**INSRS: **EROFIA**
WSP: **MOTOR**
Tel : **TRADING**
Liability : **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBU 1688A - X	GBF 4162J - X	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: L/SUM	S\$ 5,300.00 (3 days) Reduction: 71 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 23/06/2023 Confirm with Lee Lee	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100		
Repair Cost:	S\$ 5,300.00			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ 150.00 (\$ 30 x 5 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: TP		
Legal Cost	S\$ _____	3) Survey fee: \$350.00		
Total:	S\$ 5,450.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 5,450.00	Name 1:	Erofia Motor Trading Pte Ltd	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		