15/5/2010

INS. CASE OWNER: CC4/LPC23003543/ya3

LKK:

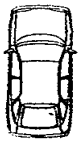
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 05.04.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YM 8542K

Name of Insured : FMI SERVICES PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 21/03/2023 17:58

Is driver the owner? (YES / NO)

Claim No. : 22/23/23/VC05/027167

Policy No. : Z22VC05011195

Make / Model : _____

Place of Accident : Pioneer Rd North, Singapore

Nature of Accident : _____

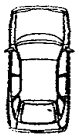
If **NO**, Driver Name / Age : SAIBI BIN ALI

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

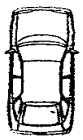
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

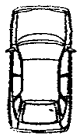
GBD 8844J → _____ → _____ → _____



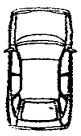
INSRS:
WSP: YEW TEE AUTOMOBILE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
GBD 8844J -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/LPC23003050/Y 24/03/2023 SAIBI BIN ALI YM 8542K GBD 8844J 21/03/2023 30/03/2023 RBA	
YM 8542K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/LPC20007970/Ubs3q2 19/10/2020 GBH 5870G YM 8542K 01/08/2020 20/10/2020 LSL1 NBA/LPC23003050/Y 24/03/2023 SAIBI BIN ALI YM 8542K GBD 8844J 21/03/2023 30/03/2023 RBA NJA/AIC09001565/k1 20/01/2009 MOHAMMAD KHAIRI BIN MAWI YM 8542K YH 236Z 20/01/2009 03/02/2009 LLL NJA/INC09002097/y1 30/01/2009 SUBRAMANIAM S/O NARAYANASAMY YH 236Z YM 8542K 20/01/2009 02/02/2009 YCC	

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:	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:	