

15/5/2010

INS. CASE OWNER:

CC 4/AIG1800 2001, U663

LKK:
IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT/

1/2/18

Date / Time :

31/1/18

Registered in Merimen:

1/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFV 5478B

Name of Insured :

LYNN SEE VAN YIN (Lynn)

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

27/01/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

FERNETH QUEY

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

5546748754

Policy No. :

2100430374-02

Make / Model :

SUBARU

Place of Accident :

BEDOK NORTH DR

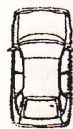
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

FW 8239J



INSRS:

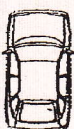
WSP:

Tel :

Liability :

RMKS:

Frota



INSRS:

WSP:

Tel :

Liability :

RMKS:



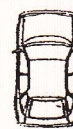
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
6/2/18	FW 8239J - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	02/03/18 - OK
		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:

L6

S\$

600.00

(4

days)

Reduction:

83

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

NIL

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

-

NO COLLISION

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:

WP REPORT

Legal Cost

S\$

-

3) Survey fee:

\$320.00

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:

-