

INS. CASE OWNER:

CC 6 / AIG1800 2200, G W B

LKK:
IDAC:

Surveyor:

XGQ

DOI:

ASSIGNMENT
07/02/18 @ 10:30AM

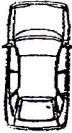
Date / Time:

5/2/18

Registered in Merimen:

5/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFP 9898L

Claim No. :

Name of Insured :

MNO KHAL BEE

Policy No. :

2100387367-03

Insured Tel No. :

HP: 8228111

Make / Model :

TEBP

Excess Sec II :S\$

D.O.A : 31/01/18

Place of Accident :

JUN OF ORUMARD RD

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

RAYMOND SEE

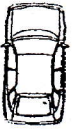
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(VL: YES / NO)

Insured Liability : % Final ? Yes / No

GBA 9690U



INSRS:
WSP:
Tel :
Liability :
RMKS:

WME
brndell



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time		STAGE	DATE / PIC																																
5/2/18	GBA 9690U - 4																																		
12/02/18	SFP 9898L - 4																																		
12/02/18 @ 1:40PM	<ul style="list-style-type: none"> SPOKE TO OI. OI WAS THE MOTHER. HE CONFIRMED ACCIDENT DETAILS IN REPORT-ENDED TP. INFORMED TP CLAIM IN NCD ISSUES. SEND LETTER TO OI. EMAIL LIABILITY CLERK. PINLETED TP LOU IN BY EMAIL 	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	12/02/18 - vic																																
21/02/18	<ul style="list-style-type: none"> SEND 1ST OFFER TO TP. TP ACCEPTED OFFER. ALL DOCS IN ORDER. TO CLOSE. 	Documentation Check List: <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Handler	Typist	Notification ltr (if non-pickup)	<input type="checkbox"/>	After call ltr to OI:	<input checked="" type="checkbox"/>	Authorisation To Act:	<input checked="" type="checkbox"/>	Release Voucher:	<input checked="" type="checkbox"/>	Final Repair Bill:	<input checked="" type="checkbox"/>	Car Rental Invoice:	<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	LTA / GIA :	<input checked="" type="checkbox"/>	Medical Bill:	<input type="checkbox"/>	PIR:	<input type="checkbox"/>	Mandate/Reject Instruction:	<input type="checkbox"/>	LOD	<input checked="" type="checkbox"/>	Payment Breakdown Form:	<input type="checkbox"/>	Post-Repair Photos:	<input type="checkbox"/>	Others:	<input type="checkbox"/>	
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PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 49	S\$ 3,500.00 (4 days)	Reduction: %
FINAL SETTLEMENT	Date/Time: 01/08/18	Confirm with: CECUA
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27
Repair Cost: (w/ass)	S\$ 3,210.00	If NO or B 28, Ass. Lia : COID (POST-ENDED TP)
Loss of Rental (LOR):	S\$ - (days)	
Loss of Use (LOU):	S\$ 500.00 (\$ 110 x 5 days)	
Loss of Income (LOI):	S\$ - (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	S\$ 2.00	
Medical:	S\$ -	
Disbursement:	S\$ - (e.g. Tow/ Independent)	
Legal Cost	S\$ -	
Total:	S\$ 3,762.00	Global Sum S\$: 3,750.00
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 3,750.00	Name 1: COMPUTECOLOR ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -