

INS. CASE OWNER:

CC b/AIG1800 3307, A Wob

LKK:  
IDAC:

Surveyor: Adrian

DOI: ASSIGNMENT  
2/2/18

Date / Time : 2/2/18  
Registered in Merimen: 2/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SFT 3313B  
Name of Insured : CHARM BOON TOO  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II : \$\$ \_\_\_\_\_ D.O.A : 1a/2/18  
Is driver the owner? (YES / NO) \_\_\_\_\_ Nature of Accident : \_\_\_\_\_

Claim No. : 96558018754  
Policy No. : 200396679-03  
Make / Model : MAZDA  
Place of Accident : BUS STOP OPP BIK 646 BEDOK RESERVOIR RD

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

GBG 2027A → → → →



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_  
*Moby Solution*



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
<u>2/2/18</u> <u>vic</u>	<u>GBG 2027A?</u> <u>SFT 3313B</u>	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI:	
<u>6/3/18</u>	<u>call OI confirm accident case. OI repv ena TP. OI aware NCP will be affected OI want to know - finalise. of the amount letter sent to OI.</u>	After call ltr to OI:	<u>CH 2/3</u>
	<u>THANKS.</u> <u>TP LOD IN BY EMAIL</u>	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm with:	Confirm by:
Repair Cost: <u>HS</u>	SS <u>1,300.00</u> ( <u>3</u> days)	Reduction: <u>71</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <u>23/05/18</u>	Confirm with: <u>SU WONG</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed)	BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>(w/ass)</u>	SS <u>1,391.00</u>		<u>OI repv ena TP.</u>	<u>CH 11/3/18</u>
Loss of Rental (LOR):	SS _____ ( _____ days)			
Loss of Use (LOU):	SS <u>600.00</u> <u>150</u> x <u>4</u> days)			
Loss of Income (LOI):	SS _____ (\$ 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	SS <u>7.45</u>			
Medical:	SS _____			
Disbursement:	SS _____ (e.g. Tow/ Independent)			
Legal Cost	SS _____			
<b>Total:</b>	SS <u>1,998.45</u>	Global Sum SS: <u>—</u>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	SS <u>1,998.45</u>	Name 1: <u>MOB SOLUTION PTE LTD</u>		
Payee 2: (Strike if N.A.)	SS _____	Name 2: _____		
Payee 3: (Strike if N.A.)	SS _____	Name 3: _____		