

INS. CASE OWNER:

CC 6 /AIG1800 3993, A 163

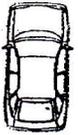
LKK:
IDAC:

Surveyor: ARMAN

ASSIGNMENT
DOI: 06/03/18

Date / Time : 1/2/18
Registered in Merimen: 1/2/18

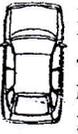
Pre-assign / CCU / FTE



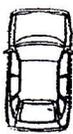
Insured Vehicle No. : SLT 760S
Name of Insured : 90M SORT FOON
Insured Tel No. : _____ HP: _____
Excess Sec II :\$ _____ D.O.A : 26/1/18
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : YANN ENNING ISRAEL
Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : 416640784156
Policy No. : 170004477
Make / Model : MINI
Place of Accident : TURN UP WEMENTI RD TURNING INTO WEMENTI AVE
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : _____ % Final ? Yes / No

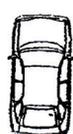
SGU 61887



INSRS:
WSP: modern
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
5/1/18	SGU 61887-P	SLT 760S-P
5/3/2018	Call OI confirm accident detail of rear ended TP. OIP aware NCB affected letter sent to OI.	OSLOZILLO - ARMAN
05/02/18	Finalized	
12/01/18	MAIL LIABILITY CLERK.	
16/01/18	TP LOD IN BY MAIL	
	MAIL TO OIP BREAKDOWN OF CLAIM.	
	SEND 1st OFFER TO TP.	
	TP ACCEPTED OFFER.	
	ALL BOOK IN ORDER.	
	TO CLOSE.	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: 49 S\$ 2,800.00 (4 days) Reduction: 50 % Email Call

FINAL SETTLEMENT Date/Time: 16/01/18 Confirm with: MG CHIN Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 271

Repair Cost: CA/GRD S\$ 2,996.00

Loss of Rental (LOR): S\$ _____ (_____ days)

Loss of Use (LOU): S\$ 240.00 x 60 x A days)

Loss of Income (LOI): S\$ _____ (_____ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ 2.00

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

Total: S\$ 3,238.00 Global Sum S\$: _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 3,238.00 Name 1: MODERN AUTOMOTIVE PTE LTD

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

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"/>