15/7/2010

INS. CASE OWNER:

CC 6 /AIG1800 4053/AM639

LKK:
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 1/3/18 Date / Time: 1/3/18

Registered in Merimen: 20/3/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLC 2384X Claim No. : 8243447105SG

Name of Insured : OH YONG HENG Policy No. : 20046483Z-01000

Insured Tel No. : HP: Make / Model : NISSAN

Excess Sec II :S$ D.O.A : 28/2/18 Place of Accident : PUNGGOL EAST RD B4 PUNGGOL FIELD

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : OH HUI SHING (HAN HUISHAN) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJH 5448Z →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Hua Meng	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
22/3/18 Bevan	SJH 5448Z - X SLC 2384X - X
29/3/18	Called O/D confirm accident details, O/D rear ended TP. inform about TP claim O/P amount NCD issues letter sent to OI.
	Pending ATA
	RECEIVED 14 JUN 2018

STAGE	**DATE / PIC**	
Non-Reporting ltr (1st):		
Non-Reporting ltr (2nd):		
Non-Reporting ltr (Final):		
Notification ltr (if non-pickup):		
Call OI:	7 BEVAN	
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: 31/5/18 Confirm with June Email Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 77	If NO or B 28, Ass. Lia : OI rear ended TP
Repair Cost:	S$ 5300	COPY SENT 14/6/18
Loss of Rental (LOR):	S$ 500 (5 days) 100	
Loss of Use (LOU):	S$ (S$ x days)	
Loss of Income (LOI):	S$ (S$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ 7.45	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: 320 + 20
Total:	**S$** 5807.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 5,807.45	Name 1: HUA MENG SPRAY PAINTING WORKSHOP.
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

21/6/18

13/6/18