

INS. CASE OWNER:

CC 4/AIG1800 4828, Ah63

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

12/7/18

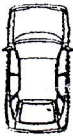
Date / Time :

14/7/18

Registered in Merimen:

4/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

EX 11H

Claim No. :

407671069754

Name of Insured :

Eric um Gim Huat

Policy No. :

Insured Tel No. :

HP:

9751 4665

Make / Model :

Excess Sec II :\$

D.O.A. :

12/7/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

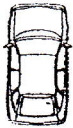
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLB 98274



INSRS:

WSP:

Tel :

Liability :

RMKS:

MS
Car
AUTO

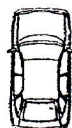
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time		STAGE	DATE / PIC
16/7/18	SLB 98274	Non-Reporting ltr (1st):	
16/7/18	EX 11H	Non-Reporting ltr (2nd):	
16/7/18		Non-Reporting ltr (Final):	
16/7/18		Notification ltr (if non-pickup):	
16/7/18		Call OI:	
16/7/18		After call ltr to OI:	23/08/18 - JC
16/7/18		Documentation Check List:	Handler Typist
16/7/18		Notification ltr (if non-pickup)	☒
16/7/18		After call ltr to OI:	☒
16/7/18		Authorisation To Act:	☒
16/7/18		Release Voucher:	☒
16/7/18		Final Repair Bill:	☒
16/7/18		Car Rental Invoice:	☒
16/7/18		Towing Invoice:	☒
16/7/18		LTA / GIA :	☒
16/7/18		Medical Bill:	☒
16/7/18		PIR:	☒
16/7/18		Mandate/Reject Instruction:	☒
16/7/18		LOD	☒
16/7/18		Payment Breakdown Form:	☒
16/7/18		Post-Repair Photos:	☒
16/7/18		Others:	☒

PRELIMINARY ADVICE		Date/Time:	Sent By:		Post-Repair Photos:		☐	☐
					Others:		☐	☐
FINALIZATION		Date/Time:	Confirm with:		Confirm by:			
Repair Cost:	45	S\$ 5,550.00	(6 days)	Reduction: 67 %	Email ☐ Call ☐			
FINAL SETTLEMENT		Date/Time: 02/08/18	Confirm with: APBL		Email ☒ Call ☐			
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. :		27			
Repair Cost:	S\$	5,550.00			COI ROKK - SW.060 TP)			
Loss of Rental (LOR):	S\$	1,440.00	(8 days)	X \$180				
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\$	7.45						
Medical:	S\$	—			1) Claim status: Normal/Reject/Private Settle			
Disbursement:	S\$	—	(e.g. Tow/ Independent)		2) Report Format:			
Legal Cost	S\$	—			3) Survey fee: \$320.00			
Total:	S\$	6,997.45	Global Sum S\$: —					
FINAL PAYMENT		Date/Time:	Confirm with:		Email ☐ Call ☐			
Payee 1:	S\$	6,997.45	Name 1:	MS CAR AUTO PTE LTD				
Payee 2: (Strike if N.A.)	S\$	—	Name 2:	—				
Payee 3: (Strike if N.A.)	S\$	—	Name 3:	—				