15/5/2010

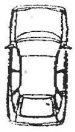
INS. CASE OWNER: Ming Yao | CC 3 /AIG1800 7864 / W63 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 30/4/18

Registered in Merimen: 30/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 1212P

Name of Insured : YAP POH KIAN

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 27/4/18

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : CHIA AN NI

Driver Tel No. : (V/L: YES / NO)

Claim No. : 7918747460854

Policy No. : 1700177466

Make / Model : MERCEDES

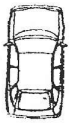
Place of Accident : NEWTON CIRCUS ROUNDABOUT

Nature of Accident : _____

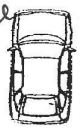
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

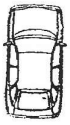
SEA 6274E → _____ → _____ → _____



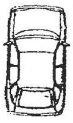
INSRS:
WSP:
Tel :
Liability : performance
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
3/5/18 vivian	SEA6274E - Y SJV1212P - Y
7/5/18	Pending OS's video from C&C
4/6/18	called OSD' No response
4/6/18	called osb, confirm accident details. Inform TP claim. OSD's video with vision law. letter and out
	vision Law - 6534 2811
8/4/19	email to workshop given 10 days notice
23/4/19	Cancel PIR NO Survey done.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	4/6/18 CH
After call ltr to OI:	vivian

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: Confirm with Email ☐ Call ☐

Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : Nil.	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
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$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: Calculate PR
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	

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

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	