

15/5/2010

INS. CASE OWNER:

Stacy | CCY AGM AXA1801 2841, A h b 3

LKK: IDAC:

Surveyor: Adnan

DOI: ASSIGNMENT 16/10/18

Date / Time: 16/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.: SGR 44936  
Name of Insured: ELVIN KANG HONG LEE  
Insured Tel No.: HP: 9749800  
Excess Sec II :\$\$ D.O.A: 22/6/18  
Is driver the owner? (YES / NO) Nature of Accident:

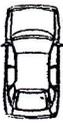
Claim No.: S8M00M00 / 57213  
Policy No.: GA04032711  
Make / Model: HONDA  
Place of Accident: AYE TUMS TUMS

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

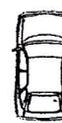
SGR 44936 -> YN 3621 -> SGR 60337



INSRS: WSP: Tel: Liability: RMKS: 01



INSRS: WSP: Tel: Liability: RMKS: 11 sheng TP



INSRS: WSP: Tel: Liability: RMKS:

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Date/Time	STAGE	DATE / PIC
12/10/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 24/10/18 Sent By: JC

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 45 S\$ 2,150.00 ( 4 days) Reduction: 76 % Email Call

FINAL SETTLEMENT Date/Time: 16/12/18 Confirm with: HS LEE 28 Email Call

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

Repair Cost: (w/ GST) S\$ 2,621.50

Loss of Rental (LOR): S\$ ( days) Loss of Use (LOU): S\$ 500.00 (\$100 x 5 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\$ Disbursement: S\$ Legal Cost S\$

Total: S\$ 3,121.50 Global Sum S\$:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 3,121.50 Name 1: LEE SHENG AUTO PTB LTD

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