

15/5/2010

INS. CASE OWNER:

SAHHA

CC /AIG1801

3890, N 2003

LKK:

IDAC:

Surveyor:

NAH

DOI:

ASSIGNMENT

24/3/18

Date / Time :

26/3/18

Registered in Merimen:

21/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFR 23034.

Name of Insured :

YED TEE YAO

Insured Tel No. :

HP:

Excess Sec II : \$\$

D.O.A :

12/3/18

Is driver the owner?

(YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age :

YED HUI PENG.

Driver Tel No. :

(V/L: ☒ YES / NO)

Claim No. :

2404945556

Policy No. :

20096697-06

Make / Model :

ANDI

Place of Accident :

JML OF SETH AVE & LAMBER

WOOD ME

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

Insured Liability : %

Final ? Yes / No

SMB 1471C



INSRS:

WSP:

Tel :

Liability :

RMKS:

G.MKT



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

1/8/18

VINIAN

20/11/18

20/08/19

SMB 1471C - x

SFR 23034 - x

confirm accident details. inform TP

claim. later send out

- FINISHED

- TP LOR IN BY EMAIL

- SEND 1ST OFFER TO TP @ 20/50

- TP PROVIDED OFFER. PROVIDED VIDEO.

- TP VIDEO / UIC / SMB 1471C - UPLOADED IN

WORKBOOK. OI & WRONG CASE

- SEND ACCEPTANCE EMAIL TO TP.

- RECEIVED BY.

- ALL GOOD IN ORDER.

- TO CLOSE.

STAGE

DATE / PIC

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)

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:

LIS

S\$ 2,150.00

(2 days) Reduction:

39 %

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : N/A

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 2,150.00

(OI ENCLOSED CASE)

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 550.00

(2 days)

Loss of Income (LOI):

S\$ -

(\$ x days)

LOR only ☐LOU only ☒LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

S\$ 7.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$ 2,707.00

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$ 2,707.00

Name 1:

SHRT BUSSES LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-