

15/5/2010

INS. CASE OWNER:

CC 6 /EQI1801

LKK:
IDAC:

Surveyor:

mnrms

DOI:

ASSIGNMENT

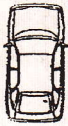
12/8/18

Date / Time :

12/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

EW 9167

Claim No. :

Name of Insured :

YAP Kim Fai

Policy No. :

DMPDNE18-000270

Insured Tel No. :

HP:

97707097

Make / Model :

Mynorai

Excess Sec II :S\$

D.O.A :

12/8/18

Place of Accident :

T4 up.

Is driver the owner?

(YES) / NO)

Nature of Accident :

If NO, Driver Name / Age :

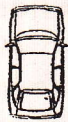
Driver Tel No. :

(V/L: YES / NO)

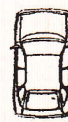
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

Szy 63514

INSRS:
WSP:
Tel :
Liability :
RMKS:

Fastech

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time		STAGE	DATE / PIC
16/8/18	Szy 63514 - m/1500mm (dr mnrms/15)	Non-Reporting ltr (1st):	
	EW 9167 - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	EMAIL ONLY
		After call ltr to OI:	22/11/18 - VIC
		Documentation Check List:	Handler Typist
22/11/18	MIS ROUTED. OI WORKING - TURN FROM MINOR ROAD. SEND LETTER IN EMAIL TO OI TO NOTIFY TP CLAIM IN NCD ISSUES.	Notification ltr (if non-pickup)	
		After call ltr to OI:	EMAIL
		Authorisation To Act:	
		Release Voucher:	NO DV
		Final Repair Bill:	
		Car Rental Invoice:	
23/11/18	SEND PA TO EQ	Towing Invoice	
	TYPE REPORT FOR WARRANTS.	LTA / GIA:	
	REPORT DONE	Medical Bill:	
22/12/18	SEND WARRANTS TO EQ.	PIR:	
26/12/18	EQ APPROVED WARRANTS	Mandate/Reject Instruction:	
12/01/19	SEND 1st OFFER TO TP.	LOD	
13/01/19	TP ACCEPTED OFFER. NO DV REQUIRED.	Payment Breakdown Form:	
	ALL WORK IN ORDER.	Post-Repair Photos:	
		Others:	
PRELIMINARY ADVICE	Date/Time: 23/11/18	Sent By: VIC	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 49	S\$ 7,300.00 (5 days)	Reduction: 60 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/02/19	Confirm with: STON	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost: 20/650	S\$ 7,811.00		001 TURNING
Loss of Rental (LOR):	S\$ 540.00 (3 days)	X \$ 180.00	
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S\$ 2.00		
Medical:	S\$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S\$ -		3) Survey fee: \$ 400.00
Total:	S\$ 8,353.00	Global Sum S\$: 8,000.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 8,000.00	Name 1: PROTECH AUTO PTB LTD	
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -	
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -	