

INS. CASE OWNER:

LOU CHOW HONG

CC

4 / 16

180

15008

ha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

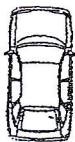
Date / Time:

16/8/2018

Registered in Merimen:

17/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLD 2153R

Name of Insured:

POH WEN LING, AGNES

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

14/8/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

CHIA WEN KAO, 70YR

Driver Tel No.:

98324942

(V/L: YES / NO)

Claim No.:

B9172421136A

Policy No.:

700469635

Make / Model:

M-BENZ A180

Place of Accident:

AYE 7 UTE

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

Insured Liability:

%

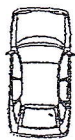
Final ? Yes / No

SLZ 6336Z

SJV 904H

SLD 2153R

SJK 78626



INSRS:

WSP:

Tel:

Liability:

RMKS:



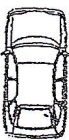
INSRS:

WSP:

Tel:

Liability:

RMKS:



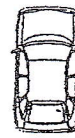
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Cheng Hae
TP

Date/ Time

2/1/18

ML

SJK 78626 - 16/16/15011731/AYA392; 005 27/8/18
SLD 2153R - X08/10/18 @
9:22PM- INFORMATION DOWN
- SPOKE TO OI. HE CONFIRMED
ACCIDENT DETAILS IN WAS INVOLVED IN A
4 VEH. C.C. IN WAS THE 2ND CAR.
INFORMED TP OI IN WAS AGREE
TO CANCEL IN AMOUNT NCB 15008.

09/10/18

- SEND LETTER IN EMAIL TO OI.
- EMAIL CANCELLED CANCEL

26-04-19 TO CANCEL FILE NO SURVEY DONE.

Y

- SPOKE TO JUNE, OWNER DID NOT FOLLOW
COR. NO REPAIR DONE, SHE CLOSED CASE
ON HER END.
- EMAIL TO HG TO CANCEL CASE.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 08/10/18 - 116

After call ltr to OI: 09/10/18 - 016

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:

%

100

(Agreed / Assessed)

BOLA S/N No.:

78

If NO or B 28, Ass. Lia:

0%.

Repair Cost:

S\$

-

CH VEH. C.C.; OIB 2ND CAR

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\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

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:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

-