

INS. CASE OWNER:

LOH CHOW HONG

CC 4 / MG

180

15008 /

has

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

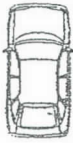
Date / Time:

16/8/2018

Registered in Merimen:

17/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLD 2153R

Claim No.:

8917242136G

Name of Insured:

POH WEN LING, AGNES

Policy No.:

700469635

Insured Tel No.:

HP:

Make / Model:

M-BENZ A180

Excess Sec II :S\$

D.O.A.:

14/8/2018

Place of Accident:

AYE 7 UTE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

CHIA WEN HAO, 70YR

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

Driver Tel No.:

98324942

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SLZ 6336Z

SVJ 904H

SLD 2153R

SKJ 7862G



INSRS:

WSP:

Tel:

Liability:

RMKS:



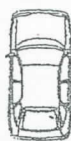
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Cheng Hae
7P

Date / Time

DATE / PIC

STAGE

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:

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:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

0%

Repair Cost:

S\$

—

CHIA WEN HAO, 70YR 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: