

15/5/2010

INS. CASE OWNER:

SUNDARI

CC 4/1111801

5080, N W39

LKK:
IDAC:

Surveyor:

NAE

DOI:

ASSIGNMENT
20/08/18

Date / Time:

16/8/18

Registered in Merimen:

20/8/18

Pre-assign / CCU / FTE

SKID 4124 J.

Claim No. :

MCT 18080437

Policy No. :

MUM0015

Make / Model :

Hyundai

Place of Accident :

Tampines Ave 5



Insured Vehicle No. :

Name of Insured :

YIN

Insured Tel No. :

HP:

4/8/18

Excess Sec II :\$S

D.O.A :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

POSH 21W ABOVE MARK

Driver Tel No. :

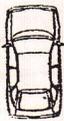
(V/L: YES / NO)

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

Insured Liability : %

Final ? Yes / No

CB 880773



INSRS:
WSP:
Tel:
Liability:
RMKS:

Peida.



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
27/8/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
20/08/18	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
07/09/18	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By: Confirm by:		
FINALIZATION Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Repair Cost: 49	\$S 10,600.00	6 days) Reduction: 33 %
FINAL SETTLEMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27
Repair Cost: (w/GRD)	\$S 4,342.00	
Loss of Rental (LOR):	\$S () days)	
Loss of Use (LOU):	\$S .00 x 6 days)	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$S 745	
Medical:	\$S (e.g. Tow/ Independent)	
Disbursement:	\$S	
Legal Cost	\$S	
Total:	\$S	Global Sum \$S: Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	\$S	Name 1: HUIX BUN CONCORTRIUM PTE LTD
Payee 2: (Strike if N.A.)	\$S	Name 2: =
Payee 3: (Strike if N.A.)	\$S	Name 3: =

NO SETTLEMENT
TP INCOMPLETE (WP REPORT)
URGENT

1) Claim status: Normal/Reject/Private Settle
2) Report Format: WP REPORT \$ 450.00
3) Survey fee:

DAVE
-NAE