

15/5/2018

INS. CASE OWNER:

Ming Yau

CC 4/AIG1801

6218, 6pb39

LKK:

IDAC:

Surveyor:

yha

DOI:

ASSIGNMENT

10/1/18

Date / Time:

6/1/18

Registered in Merimen:

6/1/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKR 1195P

Name of Insured:

LIAM WAI KUNG MERVIN

Insured Tel No.:

HP: 9376884

Excess Sec II : \$

D.O.A:

4/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

0906811754

Policy No.:

210344707-03

Make / Model:

HATSONHILL

Place of Accident:

OPHIZ RO OPP RAFFLES

Hospital

If NO, Driver Name / Age:

Driver Tel No.:

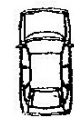
(V/L YES / NO)

OIGIA REPORT YES / NO: TP GIA REPORT YES / NO

Insured Liability:

%

Final ? Yes / No

INSRS:
WSP:
Tel:
Liability:
RMKS:

Fortuna

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

Date / Time	STAGE	DATE / PIC
10/1/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
8/10/18	Documentation Check List:	
	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:	Confirm with:	Confirm by:
FINALIZATION		Date/Time:		Confirm with:	Email ☐ Call ☐
Repair Cost:		\$		(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:		Confirm with:	Email ☐ Call ☐
Final Liability:		%		(Agreed / Assessed) BOLA S/N No.:	27
Repair Cost:		\$			
Loss of Rental (LOR):		\$		(days)	
Loss of Use (LOU):		\$		(S.W. x 3 days)	
Loss of Income (LOI):		\$		(S x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐				(Tick only one)	
GIA/LTA Search		\$			
Medical:		\$			
Disbursement:		\$		(e.g. Tow/ Independent)	
Legal Cost		\$			
Total:		\$		Global Sum \$:	
FINAL PAYMENT		Date/Time:		Confirm with:	Email ☐ Call ☐
Payee 1:		\$		Name 1:	Fortuna Motors
Payee 2: (Strike if N.A.)		\$		Name 2:	
Payee 3: (Strike if N.A.)		\$		Name 3:	

COPY SENT

1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee: \$320 + \$20.