

15/5/2010

INS. CASE OWNER:

Ng An: Chuah CC 4, LK 180 22732, T1 ja3

LKK:

IDAC:

Surveyor:

mmh

DOI:

ASSIGNMENT

10/12/18

Date / Time:

18/12/18

Registered in Merimen:

10/12/18 by A16

Pre-assign / CCU / FTE



Insured Vehicle No. : *SLK 5828 X*

Claim No. : _____

Name of Insured : *LCR P/L*

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : *4-12-18*

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMP 3570R



INSRS: *Motor Image*
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<i>SMP 3570R, X ; SLK 5828 X, X</i>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input 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 with: _____ Confirm by: _____	
Repair Cost: S\$ 6,358.17 (7 days) Reduction: 52 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: <i>16/04/2020</i> Confirm with <i>Jeff</i>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST) S\$ 6,803.24		
Loss of Rental (LOR):(w/GST) S\$ 823.90 (7 days) x \$110		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$ 158.00	1) Claim status: Normal Private Sett	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$ -	3) Survey fee: \$320	
Total: S\$ 7,792.59 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\$ 7,792.59 Name 1: Motor Image Enterprises Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ Name 3: _____		