

15/9/2010

INS. CASE OWNER:

CHAN WING WING

CC 6/AIG1802

2601, h6b

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SEP 4848L

Name of Insured:

THW RMM SENG

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

15/11/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel.:

Liability:

RMKS:

CMP 66817
6799688
WTS

INSRS:

WSP:

Tel.:

Liability:

RMKS:



INSRS:

WSP:

Tel.:

Liability:

RMKS:



INSRS:

WSP:

Tel.:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
10/11/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	10-1-19 JOY
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	☐
	After call ltr to OI: BUKIL	☒
	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:	☐
17/10/19	VIDEO RECLIVE BY EMAIL.	
24/12/19	VIDEO FWDDED TO VIC.	
	AG IN VIDEO OI LIABILITY TOWN	
24/12/19	TP VEH NO SURVEY DONE TILL DATE.	
24/12/19	'P' drive no photo. no survey done. To cancel	
12-08-20	TO CANCEL FILE. NO SURVEY DONE.	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$S	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 13
Repair Cost:	\$S	OI CHANGED LANE IN ROUNDABOUT.
Loss of Rental (LOR):	\$S	(days)
Loss of Use (LOU):	\$S	(S x days)
Loss of Income (LOI):	\$S	(S x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[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:
Payee 1:	\$S	Name 1:
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3: