

INS. CASE OWNER:

LEE HING YAO

CC 4/116 19 000 336

D9fa3

LKK:

IDAC:

Surveyor:

ABT

DOI:

ASSIGNMENT

04/01/19

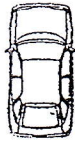
Date / Time:

4.1.19

Registered in Merimen:

7.1.19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SG6 9948L

Name of Insured:

Mand Marketing P/L

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

28/12/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L) YES / NO

Claim No.:

29557 4805656

Policy No.:

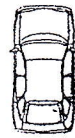
Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

SIC T 5310 L



INSRS:

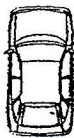
WSP:

Tel:

Liability:

RMKS:

KARZ WORK



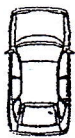
INSRS:

WSP:

Tel:

Liability:

RMKS:



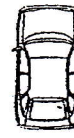
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

SIC T 5310 L 2 N/A/UPC1872334724 : OVA: 28/12/18

SG6 9948L 5 N/A/MA1900015614 : OVA: 28/12/18

Pending Surveyor's assignment sheet.

7315. call ms Erna (oi's incharge). aware of TP claim
NCD issue. Agree to settle, email LOI.

- MINAURGED

- TP LOD IN

16/10/19

- TYPE REPORT FOR MANDATE APPROVAL
- REPORT DONE

04/11/19

- BOOK MANDATE TO AIG

27/11/19

- AIG APPROVED MANDATE. SEND 1ST OFFER.

- TP ACCEPTED OFFER.

- ALL BODS IN ORDER.

- TO close.

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:

L6

S\$ 13,300.00

(18

days) Reduction:

12

%

Email

Call

FINAL SETTLEMENT

Date/Time:

27/11/19

Confirm with

DESHOND

Email

Call

Final Liability:

100

(Agreed / Assessed) BOLA S/N No.:

5

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 13,300.00

Loss of Rental (LOR):

S\$ 2,200.00

12

days)

x \$100.00

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\$ 36.45

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$ 15,536.45

Global Sum S\$:

15,500.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 15,500.00

Name 1:

KARZ WORKS PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: