

15/5/2010

INS. CASE OWNER:

SUNDARI

CC 6 / III 1900

04-N, G... 9/

LKK: IDAC:

Surveyor:

Sh Q

DOI:

ASSIGNMENT

21/1/19

Date / Time:

21/1/19

Registered in Merimen:

21/1/19

Pre-assign / CCU / FTE

SHN 4753K



Insured Vehicle No.:

Claim No.:

HCT 18120691

Name of Insured:

UOL

Policy No.:

MLOMO 15

Insured Tel No.:

HP:

Make / Model:

MUWMIKI

Excess Sec II :S\$

D.O.A.:

21/1/18

Place of Accident:

TAMPINES W/ L CROSS TAMPINES

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

AVE 5

If NO, Driver Name / Age:

WY CHUAN HOE

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Driver Tel No.:

(VL: YES / NO)

Insured Liability: %

Final? Yes / No

FY 901C



INSRS: WSP: Tel: Liability: RMKS:

ATAN MOTORING



INSRS: WSP: Tel: Liability: RMKS:



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Date/ Time		STAGE	DATE / PIC
16/1/19	FY 901C - SHN 4753K	Non-Reporting ltr (1st):	
21/1/19	FINISHED TP LOG IN	Non-Reporting ltr (2nd):	
21/1/19	MIS REVIEWED. OLD REAR - ENDED TP. III APPROVED	Non-Reporting ltr (Final):	
01/04/19	TYPE REPORT FOR WANDONG APPROVAL REPORT DONE	Notification ltr (if non-pickup):	
02/04/19	SEND WANDONG APPROVAL TO II III APPROVED WANDONG	Call OI:	
04/04/19	SEND ACCEPTANCE BULK TO TP. RECEIVED OIG. DOCG. ALL IN ORDER. TO CLOSE.	After call ltr to OI:	
05/04/19		Documentation Check List:	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD:	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others: G120 FORM:	<input checked="" type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ 4,300.00 (3 days)	Reduction: 30 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 04/04/19	Confirm with: ANNA	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	27
Repair Cost:	(W/ESS) S\$ 4,601.00		If NO or B 28, Ass. Lia: CONW REAR-ENDED TP)
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 75.00 (\$ 25 x 3 days)		
Loss of Income (LOI):	S\$ - (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\$ -		
Medical:	S\$ -		
Disbursement:	S\$ - (e.g. Tow/ Independent)		
Legal Cost	S\$ -		
Total:	S\$ 4,676.00	Global Sum S\$:	-
FINAL PAYMENT	Date/Time:	Confirm with:	Confirm by:
Payee 1:	S\$ 4,676.00	Name 1: ATAN MOTORING SUPPLY PTE LTD	
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -	
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -	