

15/5/2010

INS. CASE OWNER:

LOH CHOE HANG CC Y/AIG1900 V650 J2H73

LKK: IDAC:

Surveyor:

Can Jiah

DOI:

ASSIGNMENT

15/7/14

Date / Time:

4/1/14

Registered in Merimen:

15/1/14

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKZ 237CR

Claim No. :

208215057856

Name of Insured :

LEE WEI YONG

Policy No. :

20447076-03

Insured Tel No. :

HP:

Make / Model :

MS SW

Excess Sec II :\$\$

D.O.A.:

17/7/14

Place of Accident :

SEM BUNNY KY

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

SJY 66814



INSRS: WSP: Tel: Liability: RMKS:

EM-1



INSRS: WSP: Tel: Liability: RMKS:



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Date/Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	Flotia - JIC
	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 type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input 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 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:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 49 S\$ 3,800.00 (5 days) Reduction: 54 % Email Call

FINAL SETTLEMENT Date/Time: 23/07/14 Confirm with: KAREN Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia : (OI REPAIR - ENDED TP)

Repair Cost: (w/ GST) S\$ 4,066.00

Loss of Rental (LOR) (w/ GST) S\$ 565.00 (5 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 + LO [Tick only one]

GIA/LTA Search S\$ 26.45

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 4,637.45 Global Sum S\$: 4,630.00

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 4,630.00 Name 1: EM-1 AUTO PTE LTD

Payee 2: (Strike if N.A.) S\$ - Name 2: -

Payee 3: (Strike if N.A.) S\$ - Name 3: -