

15/5/2010

INS. CASE OWNER:

BONNIE

CC VAIG1900

3859, K 163

LKK:
IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT
15/04/19

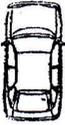
Date / Time:

28/2/19

Registered in Merimen:

1/7/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SR 1566R

Claim No. :

2966424694

Name of Insured :

RIAN XUE JIA

Policy No. :

400024271-01

Insured Tel No. :

HP:

Make / Model :

MSSAW

Excess Sec II :S\$

D.O.A.:

18/2/19

Place of Accident :

516 TWD5 TWS

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

SI MING

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

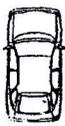
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

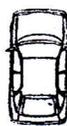
Final ? Yes / No

GZ 44118



INSRS:
WSP:
Tel:
Liability:
RMKS:

Mary
Hoc



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
27/06/19	After call ltr to OI:	27/06/19 - vic
	Documentation Check List: Handler	Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" 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 checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Repair Cost: US	S\$ 1,150.00	(4 days) Reduction: 10 %			
FINAL SETTLEMENT	Date/Time: 16/10/19	Confirm with: JUNE	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%		
Repair Cost: (w/acc)	S\$ 1,230.50		(3 VEH. C.C.; OIO 2NB)		
Loss of Rental (LOR):	S\$ -	(days)			
Loss of Use (LOU):	S\$ 210.00	60 x 4 days			
Loss of Income (LOI):	S\$ -	(\$ x days)			
LOR only <input type="checkbox"/>	LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$ 2.00				
Medical:	S\$ -				
Disbursement:	S\$ -	(c.g. Tow/ Independent)			
Legal Cost	S\$ -				
Total:	S\$ 1,472.50	Global Sum S\$: -			
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	S\$ 1,472.50	Name 1: CHONG HOE MOTOR PTE LTD			
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -			
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -			