15/5/2010

INS. CASE OWNER: CC 4/III1900 4205 / U4639

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 11/03/19 Date / Time: 8/3/19

Registered in Merimen: 7/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJY 8963T	Claim No. :	MPC2019D0000138
Name of Insured :	WONG LIANG HOO	Policy No. :	D18MPC0001445
Insured Tel No. :	HP:	Make / Model :	NISSAN
Excess Sec II :S$	D.O.A : 15/3/19	Place of Accident :	TOA PAYOH LOR 6
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**

FBL 3617P → ______ → ______ → ______

INSRS: WSP: BHH Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	FBL 3617P - 4 SJY 8963T - 0
13/03/19	- FILE REVIEWED. OI HIT KERB THEN HIT TP VEHICLE.
	- SEEK LIABILITY MANDATE TO III
15/03/19	- III AGREED DG.
	- FINALIZED
	- ORIGINAL TP LOD IN.
16/05/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
22/05/19	- SEEK MANDATE APPROVAL TO III
23/05/19	- III APPROVED MANDATES.
03/06/19	- SEND ACCEPTANCE EMAIL TO TP.
	- RECEIVED BY 4 ATA.
	- ALL DOCS IN ORDER.
	- TO CLOSE.

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:	

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: P/P S$ 784.80 (3 days) Reduction: 40 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03/06/19 Confirm with AUDREY Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 21	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 839.74	COI (LOST CONTROL)
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 60.00 ($ 20 x 3 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ 2.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $350.00
Total:	**S$** 901.74 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 901.74	Name 1:	BAN HOCK HIN CO PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—