

INS. CASE OWNER:

CC 4 / 661 1900 7400 / Ahs3

LKK:

IDAC:

Surveyor:

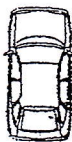
DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

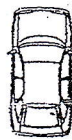
Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No



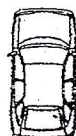
INSRS:

WSP:

Tel:

Liability:

RMKS:



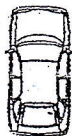
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SMES542P - NA/MI 19003886/03 ; 009-11/19
 Ym6129 U } NA/MI 19003886/03 ; 009-11/19

- MINAUGED

- TP LOD IN BY EMAIL

20/08/19

- PUS REVIEWED. OLD CHANGED CANT.
 SEND LETTER & EMAIL TO OI TO
 NOTIFY TP CLAIM & NCD ISSUES.

- EMAIL 1ST OFFER TO TP

- TP ACCEPTED OFFER.

- NO PV REQUIRED. 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:

20/08/19 - JIC

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: NO PV

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:

20/08/19

Sent By:

JIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 49

S\$ 6,850.00

(7 days)

Reduction:

60

%

Email

Call

FINAL SETTLEMENT

Date/Time:

20/08/19

Confirm with:

SU WONG

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

15

If NO or B 28, Ass. Lia:

(OLD CHANGED CANT)

Repair Cost: (w/ GST)

S\$ 7,329.50

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 600.00

S\$ 60 x 10 days

Loss of Income (LOI):

S\$ -

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$ 7.45

Medical:

S\$ -

Disbursement: TOWING

S\$ 50.00

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4,400.00

Total:

S\$ 7,986.95

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 7,986.95

Name 1:

MG SOLUTION PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: