

15/5/2010

INS. CASE OWNER:

BENNIE

CC 6 /AIG1900

7484, A 3/23 9

LKK: IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

26/4/19

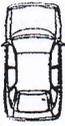
Date / Time:

26/4/19

Registered in Merimen:

26/4/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJV 4943T

Claim No.:

517966587754

Name of Insured:

UM SAI HUANG WONG

Policy No.:

200186753

Insured Tel No.:

HP:

Make / Model:

TOYOTA

Excess Sec II :SS

D.O.A.:

22/3/19

Place of Accident:

P1E

Is driver the owner? ( YES / NO )

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

PHUA HENG SWEET MARIE

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SLL 65717



INSRS: WSP: Tel: Liability: RMKS:

Phua Meng



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Date/Time	STAGE	DATE / PIC
16/02/19	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	29/10/19-UC
02/10/19	Documentation Check List: Handler Typist	
11/10/19	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
22/10/19	After call ltr to OI:	<input checked="" type="checkbox"/>
25/10/19	Authorisation To Act:	<input checked="" type="checkbox"/>
29/10/19	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" 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 checked="" 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: 26/4/19 Sent By: WANG	Confirm with:
FINALIZATION	Date/Time: 26/4/19 Confirm with: SING	Confirm by:
Repair Cost: 46	SS 9,700.00 ( 10 days) Reduction: 53 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 03/02/20 Confirm with: SING	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Assessed) BOLA S/N No. : 21	If NO or B 28, Ass. Lia : (OI USE CONTROL)
Repair Cost:	SS 9,700.00	
Loss of Rental (LOR):	SS 1,350.00 ( 9 days) x 150.00	
Loss of Use (LOU):	SS - (S x days)	
Loss of Income (LOI):	SS - (S x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	SS 7.49	
Medical:	SS -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS - (e.g. Tow/Independent)	2) Report Format: 3) Survey fee: \$320.00
Legal Cost	SS -	
Total:	SS 11,057.49 Global Sum SS: 11,050.00	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT	Date/Time: Confirm with:	
Payee 1:	SS 11,050.00 Name 1: HUK MENG SPRAY PAINTING WORKSHOP	
Payee 2: (Strike if N.A.)	SS - Name 2: -	
Payee 3: (Strike if N.A.)	SS - Name 3: -	