

15/5/2010

INS. CASE OWNER:

CC 6/LPC1900 8915, A110312

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

8/5/11

Date / Time :

17/5/11

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBB 3746C

Claim No. :

19111111111111111111

Name of Insured :

SAW HISING FOOD MANUFACTURING

Policy No. :

319005011466

Insured Tel No. :

HP:

Make / Model :

Mitsubishi

Excess Sec II : \$\$

D.O.A :

8/5/11

Place of Accident :

PTE TMS TMS

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO. Driver Name / Age : NG PANY HENG (16 years 8 months)

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

GBB 3746C

INSRS:
WSP:
Tel :
Liability :
RMKS:NHT
CCTV
MasterINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBB 3746C 2 18/05/11 08:00/d3 18/5/11	Non-Reporting ltr (1st):	
	GBB 3746C 2 18/05/11 08:00/d3 18/5/11	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
07/08/11	- PRE REPAIR WORK: CONFIRMING VEHICLE. - CUTTING CABLE - CALL TO OI TO CHECK CLAIM UPDATE - TYPE REPORT FOR WANDATE - REPORT DONE	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: 07/08/11 Sent By: VIC		

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L19	\$\$ 2,100.00	(4 days) Reduction: 64 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/08/11	Confirm with: 20041	Email ☒ Call ☐
Final Liability:	% 50 (Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia :
Repair Cost: 2,247.00	\$\$ 1,123.50		
Loss of Rental (LOR):	\$\$ - (days)		
Loss of Use (LOU): 240	\$\$ 120.00 (\$ 60 x 4 days)		
Loss of Income (LOI):	\$\$ - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search: 7.45	\$\$ 7.45		
Medical:	\$\$ -		
Disbursement:	\$\$ - (e.g. Tow/ Independent)		
Legal Cost:	\$\$ -		
Total: 2,494.45	\$\$ 1,260.95	Global Sum \$\$: 1,260.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$\$ 1,260.00	Name 1: NEW HOCK TACK MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	\$\$ -	Name 2: -	
Payee 3: (Strike if N.A.)	\$\$ -	Name 3: -	