

15/5/2010

S. CASE OWNER:

CC 6/AIG1900 10028, 4063

LKK:

IDAC:

Surveyor:

Mark Marks

DOI:

ASSIGNMENT

14/10/19

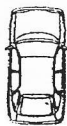
Date / Time:

7/10/19

Registered in Merimen:

7/10/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJN 36365

Name of Insured:

YEN YEE HONG

Insured Tel No.:

HP:

Claim No.:

83875455456

Policy No.:

Excess Sec II :\$

D.O.A:

14/10/19

Make / Model:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

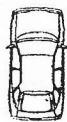
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SJN 87575



INSRS:

WSP:

Tel:

Liability:

RMKS:

JA
antocare

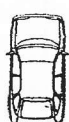
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

system - x

system - x

- NO OI GIA, SENT OUT 1ST LETTER.
STJ 1ST RIA -> \$2.54

11/11/19 - FILE PMS TO CSP TO CLOSE

STAGE

DATE / PIC

Non-Reporting ltr (1st): 11/06/2019

Non-Reporting ltr (2nd): 04/07/2019

Non-Reporting ltr (Final): 01/08/2019

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:

S\$

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

(S x days)

Loss of Income (LOI):

S\$

(S x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4) AR: \$2.54

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

COPY SENT