

15/5/2010

bs3

INS. CASE OWNER:

CC 3 ASM
AXA19010881

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT
18/6/19

Date / Time:

18/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SME 44T.

Claim No.:

S9M01QR7 / 12278

Name of Insured:

Ng Boon Hoon @ Ng Boon Hoon
pansy

Policy No.:

P784593

Insured Tel No.:

HP:

Make / Model:

Mazda

Excess Sec II :SS

D.O.A.:

14/6/19

Place of Accident:

Boulevard Rd

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Ng Wei Hoon BENJAMIN

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

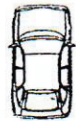
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SMD 503K

INSRS:
WSP:
Tel:
Liability:
RMKS:Trans
CnbINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC																																																																																															
25/6/19	Confirm accident details inform TP claim. later send out	25/6/19 JL																																																																																															
09/06/2020	settled and closed.																																																																																																
<table border="1"> <thead> <tr> <th>Documentation Check List:</th> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GIA:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>			Documentation Check List:	Handler	Typist	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	After call ltr to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>	LTA / GIA:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	PIR:	<input type="checkbox"/>	<input type="checkbox"/>	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	Others:	<input type="checkbox"/>	<input type="checkbox"/>																																															
Documentation Check List:	Handler	Typist																																																																																															
Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																															
After call ltr to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																															
Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																															
Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																															
Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																															
Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																															
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
LTA / GIA:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																															
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
PIR:	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
Mandate/Reject Instruction:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																															
LOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																															
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
Others:	<input type="checkbox"/>	<input type="checkbox"/>																																																																																															
<table border="1"> <thead> <tr> <th>PRELIMINARY ADVICE</th> <th>Date/Time:</th> <th>Sent By:</th> <th>Confirm with:</th> <th>Confirm by:</th> </tr> </thead> <tbody> <tr> <td>FINALIZATION</td> <td>25/6/19</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Repair Cost:</td> <td>SS 7,100.00</td> <td>(5 days) Reduction:</td> <td>1786 %</td> <td>Email <input type="checkbox"/> Call <input type="checkbox"/></td> </tr> <tr> <td>FINAL SETTLEMENT</td> <td>Date/Time: 08/06/2020</td> <td>Confirm with: Wei Kin</td> <td>Email <input checked="" type="checkbox"/> Call <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Final Liability:</td> <td>% 100</td> <td>(Agreed / Assessed) BOLA S/N No.:</td> <td>27.</td> <td>If NO or B 28. Ass. Lia:</td> </tr> <tr> <td>Repair Cost:</td> <td>SS 8,239.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Loss of Rental (LOR):</td> <td>SS 760.32</td> <td>(8 days) x</td> <td>\$ 95.04</td> <td></td> </tr> <tr> <td>Loss of Use (LOU):</td> <td>SS -</td> <td>(S x days)</td> <td></td> <td></td> </tr> <tr> <td>Loss of Income (LOI):</td> <td>SS 400.00</td> <td>(S 50 x 8 days)</td> <td></td> <td></td> </tr> <tr> <td>LOR only <input type="checkbox"/> LOU only <input type="checkbox"/></td> <td>LOR + LOU <input type="checkbox"/></td> <td>LOR + LO <input checked="" type="checkbox"/></td> <td>[Tick only one]</td> <td></td> </tr> <tr> <td>GIA/LTA Search</td> <td>SS 7.49</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Medical:</td> <td>SS -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Disbursement:</td> <td>SS -</td> <td>(e.g. Tow/ Independent)</td> <td></td> <td></td> </tr> <tr> <td>Legal Cost</td> <td>SS -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td>SS 9,406.81</td> <td>Global Sum SS:</td> <td>-</td> <td></td> </tr> <tr> <td>FINAL PAYMENT</td> <td>Date/Time:</td> <td>Confirm with:</td> <td>Email <input type="checkbox"/> Call <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Payee 1:</td> <td>SS 9,406.81</td> <td>Name 1:</td> <td>Trans-cas Auto Services Pte Ltd.</td> <td></td> </tr> <tr> <td>Payee 2: (Strike if N.A.)</td> <td>SS -</td> <td>Name 2:</td> <td>-</td> <td></td> </tr> <tr> <td>Payee 3: (Strike if N.A.)</td> <td>SS -</td> <td>Name 3:</td> <td>-</td> <td></td> </tr> </tbody> </table>			PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:	FINALIZATION	25/6/19				Repair Cost:	SS 7,100.00	(5 days) Reduction:	1786 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	FINAL SETTLEMENT	Date/Time: 08/06/2020	Confirm with: Wei Kin	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	27.	If NO or B 28. Ass. Lia:	Repair Cost:	SS 8,239.00				Loss of Rental (LOR):	SS 760.32	(8 days) x	\$ 95.04		Loss of Use (LOU):	SS -	(S x days)			Loss of Income (LOI):	SS 400.00	(S 50 x 8 days)			LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input checked="" type="checkbox"/>	[Tick only one]		GIA/LTA Search	SS 7.49				Medical:	SS -				Disbursement:	SS -	(e.g. Tow/ Independent)			Legal Cost	SS -				Total:	SS 9,406.81	Global Sum SS:	-		FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>		Payee 1:	SS 9,406.81	Name 1:	Trans-cas Auto Services Pte Ltd.		Payee 2: (Strike if N.A.)	SS -	Name 2:	-		Payee 3: (Strike if N.A.)	SS -	Name 3:	-	
PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:																																																																																													
FINALIZATION	25/6/19																																																																																																
Repair Cost:	SS 7,100.00	(5 days) Reduction:	1786 %	Email <input type="checkbox"/> Call <input type="checkbox"/>																																																																																													
FINAL SETTLEMENT	Date/Time: 08/06/2020	Confirm with: Wei Kin	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>																																																																																														
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	27.	If NO or B 28. Ass. Lia:																																																																																													
Repair Cost:	SS 8,239.00																																																																																																
Loss of Rental (LOR):	SS 760.32	(8 days) x	\$ 95.04																																																																																														
Loss of Use (LOU):	SS -	(S x days)																																																																																															
Loss of Income (LOI):	SS 400.00	(S 50 x 8 days)																																																																																															
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input checked="" type="checkbox"/>	[Tick only one]																																																																																														
GIA/LTA Search	SS 7.49																																																																																																
Medical:	SS -																																																																																																
Disbursement:	SS -	(e.g. Tow/ Independent)																																																																																															
Legal Cost	SS -																																																																																																
Total:	SS 9,406.81	Global Sum SS:	-																																																																																														
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>																																																																																														
Payee 1:	SS 9,406.81	Name 1:	Trans-cas Auto Services Pte Ltd.																																																																																														
Payee 2: (Strike if N.A.)	SS -	Name 2:	-																																																																																														
Payee 3: (Strike if N.A.)	SS -	Name 3:	-																																																																																														