

15/5/2010

INS. CASE OWNER:

LEE HUNG YAO

CC 6/AIG1901

5077, A663

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

26/8/14

Date / Time:

26/8/14

Registered in Merimen:

27/8/14

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKP 2277R

Name of Insured:

YAP TUCK HUA

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

3/8/14

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

018007774956

Policy No.:

15000264-02

Make / Model:

Verna

Place of Accident:

LEE TENG CITY

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

PC 5681X



INSRS:

WSP:

Tel:

Liability:

RMKS:

Hua
meng

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	PC 5681X - LK/HSM 19008561 / 4/23 DUT-10/5/14	Non-Reporting ltr (1st):	
	SKP 2277R - LK/HIB 19008561 / 12/12/14	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
20/08/14	FILE REVIEWED. OI KONT-ENDED TP. SEND LETTER TO OI.	After call ltr to OI:	20/08/14 - VIC
		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:		Post-Repair Photos:		☐	☐
					Others:		☐	☐
FINALIZATION		Date/Time:	Confirm with:		Confirm by:			
Repair Cost:	L15	S\$ 4,000.00	(6 days)	Reduction: 61 %	Email ☐ Call ☐			
FINAL SETTLEMENT		Date/Time:	Confirm with		Email ☒ Call ☐			
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :			
Repair Cost:	S\$	4,000.00			COI (KONT-ENDED TP)			
Loss of Rental (LOR):	S\$	450.00	(3 days)	X \$150.00				
Loss of Use (LOU):	S\$	-	(\$ x days)					
Loss of Income (LOI):	S\$	-	(\$ x days)					
LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]				
GIA/LTA Search	S\$	7.49						
Medical:	S\$	-			1) Claim status: Normal/Reject/Private Settle			
Disbursement:	S\$	-	(e.g. Tow/ Independent)		2) Report Format:			
Legal Cost	S\$	-			3) Survey fee: \$320.00			
Total:	S\$	4,457.49	Global Sum S\$: 4,450.00					
FINAL PAYMENT		Date/Time:	Confirm with:		Email ☐ Call ☐			
Payee 1:	S\$	4,450.00	Name 1:	HUA MENG SPRAY PAINTING WORKSHOP				
Payee 2: (Strike if N.A.)	S\$	-	Name 2:	-				
Payee 3: (Strike if N.A.)	S\$	-	Name 3:	-				