

INS. CASE OWNER: **JIMMY FOO**

CC4/AIG19016900/Kka3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **KENNETH**

DOI: **25/11/2019**

Date / Time : **24/09/2019**

Registered in Merimen: **25/09/2018**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SJX 8367U**

Claim No. : **4676150298SG**

Name of Insured : **Tsui Kin Kau**

Policy No. : _____

Insured Tel No. : _____ HP: **96737021**

Make / Model : _____

Excess Sec II :\$ _____ D.O.A. : **13/09/2019 13:50**

Place of Accident : **BEDOK RESERVOIR RD > BLK 752
BEDOK RESERVOIR**

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

SMC 916M



INSRS:
WSP: **ESTEEM PML**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMC 916M - CC4/AIG18017184/Kka3q2; DOA: 14.09.18 SJX 8367U - X	
27/11/2019	OINR. To send out first letter. File pass to Su Li.	
	Non-Reporting ltr (1st):	
	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
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P \$ \$ 395 (2 days) Reduction: 4.025.44/91 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 30/9/2020	Confirm with CARMEN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost: (w/ GST) \$ \$ 422.65		
Loss of Rental (LOR): \$ \$ (days)		
Loss of Use (LOU): \$ \$ 180.00 (\$ 60 x 3 days)		
Loss of Income (LOI): \$ \$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$ \$ 7.45		
Medical: \$ \$		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$ \$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost \$ \$		3) Survey fee: \$320
Total: \$ \$ 610.10	Global Sum \$ \$: 600.00	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$ \$ 600.00	Name 1: Esteem Performance Pte Ltd	
Payee 2: (Strike if N.A.) \$ \$	Name 2:	
Payee 3: (Strike if N.A.) \$ \$	Name 3:	

