15/5/2010

INS. CASE OWNER: CC 6 /AIG1901 9932, Ub 93

LKK:
IDAC:

ASSIGNMENT

Surveyor: marus.

DOI: 4/11/19.

Date / Time : 4/11/19

Registered in Merimen: 11/11/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SKK 1983A

Name of Insured : Leong Shi Jun

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 28/11/19.

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

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

FBH 5129P → → →

INSRS:
WSP:
Tel : BHH
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBH5129P - X SKK1983A - X
18/11/19	- OI NR
4/12/19 -	✓ OI GIA Rec'd
16/12/19	- PLUS REVIEWED. OI REVERSED WHEN HIT TP.
	- LETTER SENT OUT
01/03/2020.	settled & closed (PRIVATE SETTLE).

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	ASHLEE 16.12.19
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: P/P S$ 101.30 (1 days) Reduction: 41.84 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	%100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ OI REVERSED AND TP.	TP.
Loss of Rental (LOR):	S$ (days)	
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$	
Medical:	S$	1) Claim status: ~~Normal/Reject~~/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: —
Legal Cost	S$	3) Survey fee: $320.00 + 11.00
Total:	S$ **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:	

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