INS. CASE OWNER:

CC 4/EQI1902 07 45, 963

LKK:

IDAC:

Surveyor:

ASSIGNMENT

DOI:

Date / Time : 27/11/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 9710P.

Name of Insured : CHOR JMAY ENTERPRISE

Insured Tel No. :

Excess Sec II :S$

HP:

Is driver the owner? (YES / NO)

D.O.A : 14/11/19.

Nature of Accident :

Claim No. :

Policy No. : DMCPMQ19-000370.

Make / Model : NISSAN

Place of Accident : BKE

If NO, Driver Name / Age : SEAH KONG CHONG MELVIN.

Driver Tel No. :

YP 9522P →

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

INSRS:
WSP: Hock
Tel : Wan.
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	YP9522P - X GBG9710P - X
25/11	- Send LOI.
11/12	- TO REVIEW liability clear to TP after 5/12/19. - liability clear send TP
22/08/2020	10 DAYS NOTICE EMAIL TO TP
08/09/2020	MR YEW TO SIGN. CANCEL CASE. *** NO SURVEY DONE ****
Y	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	CPL 25/11/19
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: S$ (days) Reduction: Email Call

FINAL SETTLEMENT Date/Time: Confirm with Email Call

Final Liability:	% 100	(A... Assessed) BOLA S/N No.	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(...s)	
Loss of Use (LOU):	S$	(S x	
Loss of Income (LOI):	S$	(S x	
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... ...dent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	S$	...lobal 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:	