

INS. CASE OWNER: LEE MING YAO

CC6/AIG19020969/Uha3

LKK:

IDAC:

Surveyor: **MARCUS** **ASSIGNMENT**
DOI: 27/11/2019

Date / Time: 27.11.2019

Registered in Merimen: 27.11.2019

Pre-assign / CCU / FTE

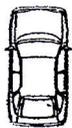


Insured Vehicle No. : SLX 2757T
Name of Insured : RONALD TAN KOK BENG
Insured Tel No. : HP: 91550080
Excess Sec II :\$\$ D.O.A : 25/11/19 19:40
Is driver the owner? (YES / NO) Nature of Accident :
If NO, Driver Name / Age : TAN SOON LEE STEPHEN
Driver Tel No. : (V/L: YES / NO)

Claim No. : 9944825777SG
Policy No. : 1700074684
Make / Model :
Place of Accident :

OI GIA REPORT: YES NO ; TP GIA REPORT YES NO
Insured Liability : % Final ? Yes / No

SKW 5211Z



INSRS:
WSP: HUP MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SKW 5211Z SLX 2757T NA/AIG19020940/r3, DOA: 25/11/19	
03/12	OINR. TO SEND LETTER. FILE PASS TO SU.	
21/12/19	MIS REQUIRMB. OLD ACCIDENTALLY HIT PARKED TP WHILE ADJUSTING VEHICLE AT THE PARKING LOT. SEND LETTER TO OI TO NOTIFY TP CLAIM IN NCD ISSUES. EMAIL LIABILITY CLMTR	
16/12/19	TP LOD IN BY EMAIL	
16/01/2020	UPLOADED IA IN MERIMEN	
21/01/2020	MG APPROVED MANDATE	
22/01/2020	SEND ACCEPTANCE EMAIL TO TP	
	ML DOC IN ORDER. TO CLSB.	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Repair Cost: P/P S\$ 1,030.00	(4 days) Reduction: 79 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 22/01/20	Final Liability: % 100 (Agreed / Assessed)	BOLA S/N No. : 22	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	S\$ 1,030.00	Loss of Rental (LOR):	S\$ 400.00 (4 days) x \$100.00	If NO or B 28, Ass. Lia : C O I D HIT STATIONARY TP
Loss of Use (LOU):	S\$ - (\$ x days)	Loss of Income (LOI):	S\$ - (\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$ 2.00	Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ - (e.g. Tow/ Independent)			2) Report Format:
Legal Cost	S\$ -			3) Survey fee: \$370.00
Total:	S\$ 1,432.00	Global Sum S\$:	-	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 1,432.00	Name 1:	HUP MOTOR TRADING & SERVICE	
Payee 2: (Strike if N.A.)	S\$ -	Name 2:	-	
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	-	