

15/5/2010

CC6/LPC19021222/Gkb3n2

LKK:
IDAC:

INS. CASE OWNER:

CC 7AIG1900

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

SKB 679B



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : **GERALDINE WONG CHENG IM**

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____

D.O.A : **11/08/2019**

Place of Accident : _____

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



INRS: TP

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

SKR 5235G



INRS: _____

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INRS: _____

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INRS: _____

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	STAGE	DATE / PIC
	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"/>
	After call ltr to OI:	<input 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 type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Release 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: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **L/S \$ 2,000** (5 days) Reduction: 4,738.38/70 % Email Call

FINAL SETTLEMENT Date/Time: **10/6/2020** Confirm with **WONG** Email Call

Final Liability: %100 (Agreed / Assessed) BOLA S/N No. : 32 If NO or B 28, Ass. Lia :

Repair Cost: (w/GST) \$ 2,140.00

Loss of Rental (LOR): \$ (days)

Loss of Use (LOU): \$ 360.00 (\$ 60 x 6 days)

Loss of Income (LOI): \$ (\$ x days)

LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search \$ 29.00

Medical: \$

Disbursement: \$ (e.g. Tow/ Independent)

Legal Cost \$

Total: \$ 2,529.00 **Global Sum \$:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$ 2,529.00 Name 1: **MG SOLUTION PTE LTD**

Payee 2: (Strike if N.A.) \$ Name 2:

Payee 3: (Strike if N.A.) \$ Name 3: