

15/5/2010

INS. CASE OWNER:

LEE HING YAO

CC 4/AIG190

LKK:

IDAC:

Surveyor:

Koon Nien

DOI:

ASSIGNMENT

11/11/19

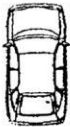
Date / Time:

11/11/19

Registered in Merimen:

11/11/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLV 126YR

Name of Insured:

Quek Song Amy

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

5/11/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

guy 56yrs (ent)

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

9A2A9363896G

Policy No.:

1500090201

Make / Model:

MERCEDES

Place of Accident:

Chin Limbuu KH 200

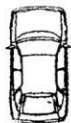
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLV 86415



INSRS:

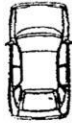
WSP:

Tel:

Liability:

RMKS:

Accord



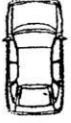
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

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:	16/01/2020 - JIC
	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:

Confirm by:

FINALIZATION

Date/Time: 14,500.00

Confirm with:

Confirm by:

Repair Cost:

S\$

16 days

Reduction:

30.84

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

150

(Agreed / Assessed) BOLA S/N No.:

5

If NO or B 28, Ass. Lia:

COLO TURNING

Repair Cost:

S\$

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\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 200.00

Total:

S\$

Global Sum S\$:

Email

Call

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:

GUY 11/11/2020