

15/5/2019

INS. CASE OWNER:

SHARKUN

CC 4/III1900

6/6/5, E 664.71

LKK:

IDAC:

Surveyor:

YATE

DOI:

ASSIGNMENT

4/1/19

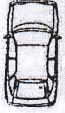
Date / Time:

8/4/19

Registered in Merimen:

8/4/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 32022

Claim No.:

MCT19040092

Name of Insured:

LILU

Policy No.:

MCM0015

Insured Tel No.:

HP:

D.O.A: 7/4/19

Make / Model:

Hyundai

Excess Sec II :SS

Place of Accident:

Kim Pinn Ky.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO. Driver Name / Age: TAN KWI SOON 40 YRS.

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

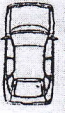
Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

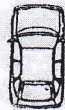
SIN

SIN

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SIN



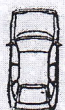
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
11/04/19	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	
16/05/19	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:	
16-05-19	MAIL TO TP TO REJECT CLAIM TO CHANGE CASE.	
16/12/19	RE-OPEN CASE IN AGREED ON 50/50 TP VIDEO UPLOADED IN WORKMEN TP LOU IN BY EMAIL TYPE REPORT FOR WORKMAN APPROVAL GIVE WORKMAN APPROVAL BY WORKMAN III APPROVED WORKMAN. SEND FOR OFFER	
21/01/20		
22/01/20		
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: \$10	SS 500.00 (2 days) Reduction: 16 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 03/01/20	Confirm with: POF SIN	Email ☐ Call ☐
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No.:	NIL	
Repair Cost: \$559.00	SS 247.50	
Loss of Rental (LOR):	SS - (days)	
Loss of Use (LOU):	SS 300.00 x 4 days	
Loss of Income (LOI):	SS - (S x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search: \$7.15	SS 7.15	
Medical:	SS -	
Disbursement:	SS - (e.g. Tow/ Independent)	
Legal Cost:	SS -	
Total: \$1142.15	SS 574.95 Global Sum SS: -	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS 574.95 Name 1: SIN SHENG ENGINEERING SERVICES	
Payee 2: (Strike if N.A.)	SS - Name 2: -	
Payee 3: (Strike if N.A.)	SS - Name 3: -	