

INS. CASE OWNER:

JAIME TAY

CC4/EQI20000758/Epa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

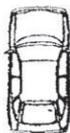
STEVE

DOI: 15/01/2020

Date / Time : 10/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : FBJ 6871L

Claim No. : DM20HO00098/JT X

Name of Insured : KWEK HOWE HENG

Policy No. : DMMPHQ19-000935

Insured Tel No. : _____ HP: +65-88225750

Make / Model : HONDA 400X-399CC

Excess Sec II : \$\$ D.O.A : 08/01/2020 18:10

Place of Accident : PIE JURONG TOWARDS KJE

Is driver the owner? (YES / NO) Nature of Accident : _____

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

If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

PA 6346T



INSRS: WOODLANDS
WSP: TRANSPORT
Tel: SERVICE
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	PA 6346T - X	FBJ 6871L - X	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"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost:	\$S	(_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$S		1) Claim status: Normal/Reject/Private Settle	
Medical:	\$S		2) Report Format:	
Disbursement:	\$S	(e.g. Tow/ Independent)	3) Survey fee:	
Legal Cost	\$S			
Total:	\$S	Global Sum \$S:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S	Name 1:		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		

ASS. REC. BY:

REF:

CS/EQT 20000758/

d3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Jaime Tay

of

EQT

Date/Time:

10/01/2020 @ 5:19pm

Estimated Cost:

Bill to:

OD/TP/WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

PA 6346T

Insured:

FBJ 6871L

at Workshop in/s

woodlands Transport

Tel:

6559 8984 / 9299 4122

of

8 Gul Circle

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 08/01/2020

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

2:50pm @ 13/1/2020

Person Contacted:

Mr. Chan

Vehicle - IN / OUT

Date/Time	Action/Instruction	Initials
	PA 6346T - X	
	FBJ 6871L - X	

