

INS. CASE OWNER: Lalitha Krishnan

CC4/III20001713/Epa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

STEVE

DOI: 29/01/2020

Date / Time : 28/01/2020

Registered in Merimen: 31/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 2826C

Name of Insured : TEO TENG CHEOW

Insured Tel No. : HP: _____

Excess Sec II : S\$

D.O.A : 23/01/2020 12:20

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : TEO YONG SHUN

Driver Tel No. :

(V/L: YES / NO)

Claim No. : MPC2020D000025 X

Policy No. : D19MPC0001494

Make / Model : HONDA SHUTTLE

Place of Accident : AYE BEFORE ALEXANDRA EXIT

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

Insured Liability : % Final ? Yes / No

UNKNOWN

UNKNOWN

SLX 2826C

SLM 8476Y



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS: OI



INSRS:

WSP: WAH HONG

Tel :

Liability :

RMKS: TP

Date/Time	SLM 8476Y - X	SLX 2826C - 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)	☐	☐
			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: _____ Confirm with: _____			Email ☐ Call ☐		
Repair Cost: S\$ 2,100.00 (4 days) Reduction: 73% %			Email ☒ Call ☐		
FINAL SETTLEMENT Date/Time: 07/04/2020 Confirm with: Jen			If NO or B 28, Ass. Lia : 0%		
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28			
Repair Cost: w/GST	S\$ 2,247.00				
Loss of Rental (LOR):	S\$ 500.00 (5 days) x \$100.00				
Loss of Use (LOU):	S\$ - (\$ x days)				
Loss of Income (LOI):	S\$ - (\$ x days)				
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 2.00		1) Claim status: Normal/Reject/Private Settlement		
Medical:	S\$ -		2) Report Format: TP		
Disbursement:	S\$ - (e.g. Tow/ Independent)		3) Survey fee: 350.00		
Legal Cost	S\$ -				
Total:	S\$ 2,749.00	Global Sum S\$:	Email ☒ Call ☐		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒ Call ☐		
Payee 1:	S\$ 2,749.00	Name 1: Wah Hong Motors & Credit Pte Ltd			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			