

INS CASE OWNER

CC 6 / AIG 2000 3922 / A653

LKK  
IDAC

Surveyor:

Adrian

DOI:

ASSIGNMENT

12/3/2020

Date / Time:

12/3/2020

Registered in Meritrim:

12/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKZ 9983L

Claim No.:

5717007102567

Name of Insured:

Ng Yan Heng

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A: 3/3/2020

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT (YES / NO) ; TP GIA REPORT (YES / NO)

Insured Liability: % Final? Yes / No

SLH95292



INSRS:

WSP: HHT

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLH95292 : CC3/AIG18000612/TI6352; DOA: 7/1/18 SKZ 9983L : X	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 checked="" 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 checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		(LTA) / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject 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"/>
30/07/2020	settled & closed.		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 45 SS 3,800.00 ( 3 days) Reduction: 58.53 % Email  Call

FINAL SETTLEMENT Date/Time: 30/07/2020 Confirm with: SUKYI CHONG Email  Call

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

Repair Cost: (W/gst) SS 4,066.00 COI HT PAKKOB TP)

Loss of Rental (LOR): SS 200.00 ( 2 days) X \$ 100.00

Loss of Use (LOU): SS = (\$ x days)

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

LOR only  LOU only  LOR + LOU  LOR + LOI  (Tick only one)

GIA/LTA Search SS 7.45

Medical: SS =

Disbursement: SS = (e.g. Tow/ Independent)

Legal Cost SS =

Total: SS 4,273.45 Global Sum SS: -

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: SS 4,273.45 Name 1: NEW HOCK TACK MOTOR PTE LTD

Payee 2: (Strike if N.A.) SS = Name 2: =

Payee 3: (Strike if N.A.) SS = Name 3: =