

INS. CASE OWNER:

MingYao.Lee

CC6/AIG20004090/Ada3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

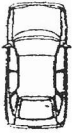
ADRIAN

DOI: 18/03/2020

Date / Time : 17/03/2020

Registered in Merimen: 17/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDF 9168L

Claim No. : 1996680609SG

Name of Insured : TEY KING HUA

Policy No. : 2100471366

Insured Tel No. : HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$\$

D.O.A : 13/03/2020 10:30

Place of Accident : TAMPINES STREET 93

Is driver the owner? (YES / NO)

Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

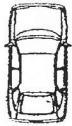
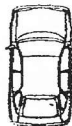
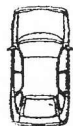
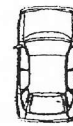
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SKZ 8378R

INSRS:  
WSP: FONG  
Tel: MOTORS  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SKZ 8378R - X	SDF 9168L - X	STAGE	DATE / PIC
20/3/2020	OINR. To send out first letter. File pass to Su Li.		Non-Reporting ltr (1st):	
26/3/2020	✓ OI GIA Rec'd		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 checked="" type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>

<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS 3100.00	( 4 days) Reduction: 61 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 16/9/2020	Confirm with Siew Cheng	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.: NIL	If NO or B 28, Ass. Lia :
Repair Cost:	SS 3100.00		
Loss of Rental (LOR):	SS 500.00	( 5 days) x \$100	
Loss of Use (LOU):	SS -	(\$ x days)	
Loss of Income (LOI):	SS -	(\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	SS 7.45		
Medical:	SS -		
Disbursement:	SS -	(e.g. Tow/ Independent )	
Legal Cost	SS -		
<b>Total:</b>	SS 3607.45	<b>Global Sum \$S:</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS 3607.45	Name 1: Fong Motors	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	