15/5/2010

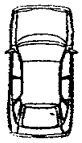
INS. CASE OWNER: JAIME TAY | CC6/EQI20005029/Kga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 07/04/2020 Date / Time : 07/04/2020

Registered in Merimen: ____

Pre-assign / CCU / FTE



Insured Vehicle No. : SGM 4194X Claim No. : DM20HO00731/JT

Name of Insured : TAN ENG KIONG Policy No. : DMPPHQ19-006526

Insured Tel No. : HP: Make / Model : MITSUBISHI LANCER-1.6 GLX

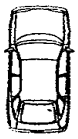
Excess Sec II :S$ D.O.A : 06/04/2020 19:05 Place of Accident : TAMPINES RD TOWARDS KOVAN

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

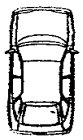
If **NO**, Driver Name / Age : TAN JIN FU OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-93667497 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

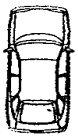
SCR 8398U → → →



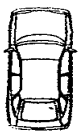
INSRS:
WSP: AUTOEXCEL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SCR 8398U - NJA/LIP09026343/k1 20/11/2009 SGM 4194X - NA/EQI18006230/z4; 04.04.2018	

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:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
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 LOU only	LOR + LOU LOR + LOI	[**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	