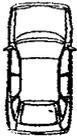


INS. CASE OWNER:

ASSIGNMENT

Surveyor: STEVE DOI: 17/04/2020 Date / Time : 17/04/2020
Registered in Merimen:

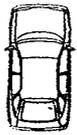
Pre-assign / CCU / FTE

*** VIRTUAL CASE ***

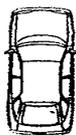
Insured Vehicle No. : YQ 222R Claim No. : S0M02MF5
Name of Insured : BAN HENG AQUATIC SUPPLIES PTE. LTD Policy No. : GA437563
Insured Tel No. : HP: Make / Model : MITSUBISHI FEB21ER4SDEN CBU MT
Excess Sec II : \$ D.O.A : 07/04/2020 16:30 Place of Accident : AYE TOWARDS TUAS
Is driver the owner? (YES / **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**

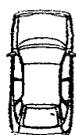
YM 9530M



INSRS:
WSP: Tony
Tel : Automotive
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	YM 9530M - X	YQ 222R - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
17/4/20 5:56 PM	*VIRTUAL CASE* MessageNON REPORTING, DO NOT NEED TO EMAIL/ SENT LETTER TO INSURED & VIRTUAL.		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 type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:		Confirm by: CTY	
Repair Cost: L/S S\$ 5,200.00	(7 days) Reduction: 91 %		Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 12.10.21	Confirm with TONY		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 5,000.00	(insurance recommended) OI REAR ENDED TP			
Loss of Rental (LOR): S\$ -	(days)			
Loss of Use (LOU): S\$ 750.00	(\$ 150 x 5 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\$ 7.45			
Medical:	S\$ -		1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$ -		3) Survey fee: \$350	
Total:	S\$ 5,757.45		Global Sum S\$:	
FINAL PAYMENT Date/Time: 12.10.21	Confirm with: TONY		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 5,757.45	Name 1:	TONY AUTOMOTIVE PTE. LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		