15/5/2010

INS. CASE OWNER: CC4/III20005572/Kba3

LKK:

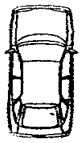
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 06/05/2020

Registered in Merimen: 06/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4343T Claim No. : MCT18050958

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

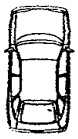
Excess Sec II :S$ _____ D.O.A : 04/05/2020 Place of Accident : _____

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

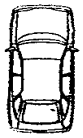
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

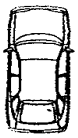
SMN 1822K → _____ → _____ → _____



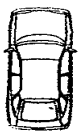
INSRS:
WSP: MBM
Tel : WHEELPOWER
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMN 1822K - X	
	SHD 4343T - CC3/AIG14008945/H1py3q2	09/05/2014
	CC3/AIG16002058/H1pa3s2	28/01/2016
	CC3/AXA12021589/H1hf3q2	05/11/2012
	CC4/AXA13003557/H1v1f3q2	19/02/2013
	NBA/AIG16002903/Y	28/01/2016
	NS/INC13019568/H1gby	16/10/2013
17/09/2020	SETTLED AND CLOSED / NO PHY FILE	

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: P/P S$ 600.00 (2 days) Reduction: 81.39 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/09/2020 Confirm with IVY Email ☑ Call ☐

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

Repair Cost: (W/GST) S$ 642.00

Loss of Rental (LOR): (W/GST) S$ 385.20 (3 days) X $120.00

Insured driver hit third party 's vehicle door when turning

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: TP

Legal Cost S$ 3) Survey fee: $350.00

Total: S$ 1,027.20 **Global Sum S$:** 1,000.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1,000.00	Name 1:	MBM Wheelpower Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	