

INS. CASE OWNER:

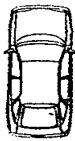
CC6/III20007479/Uba3

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 20/07/2020Registered in Merimen: 20/07/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHC 8543LClaim No. : MCT20070158

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

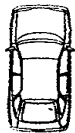
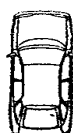
Excess Sec II :\$ _____ D.O.A : 13/07/2020 13:20 Place of Accident : _____

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**SJZ 3108ZINSRS:
WSP: HOCK WAH
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SJZ 3108Z - X	STAGE	DATE / PIC
	SHC 8543L - CC3/AIG17000730/H1pa3q2 ; 08/01/2017	Non-Reporting ltr (1st):	
	NJA/INC09008134/y1 ; 14/04/2009	Non-Reporting ltr (2nd):	
	NS/INC16015816/H1gh3n2 ; 20/08/2016	Non-Reporting ltr (Final):	
	NS/INC19018259/Fsf3e2 ; 15/10/2019	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 :	☐ ☐
<u>02/11/2020</u>	SETTLED AND CLOSED / NO PHY FILE	Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☒ ☐
		LOD	☒ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: <u>L/S</u>	\$S <u>1,700.00</u> (<u>4</u> days) Reduction: <u>50.81</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>29/10/2020</u> Confirm with <u>ANYSIA FOO</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	\$S <u>1,819.00</u>		
Loss of Rental (LOR):	\$S <u>600.00</u> (<u>5</u> days) X \$120.00	Insured driver came out from U-turn and hit TP	
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: <u>Normal/Reject/Private Settle</u>	
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S	3) Survey fee: <u>\$350.00</u>	
Total:	\$S <u>2,419.00</u>	Global Sum \$S: <u>2,300.00</u>	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐
Payee 1:	\$S <u>2,300.00</u>	Name 1: <u>Hock Wah Motor Workshop Pte Ltd</u>	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	