

INS. CASE OWNER:

CC 4 /AIG 2000 7567 / T1es3

LKK:
IDAC:

ASSIGNMENT

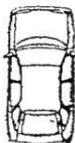
Surveyor: Taufikh

DOI: 27/07/2020

Date / Time : 22/07/2020

Registered in Merimen: 22/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKU 7453P

Claim No. : _____

Name of Insured : DOROTHY NG HUI LIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 21/07/2020

Place of Accident : _____

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

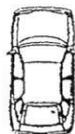
If NO, Driver Name / Age :

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

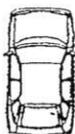
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

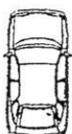
SKZ 1323U



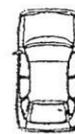
INSRS:
WSP:
Tel : MBM WHEELPOWER
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKZ 1323U : X ; SKU 7453P : X	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)	<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"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:		
FINALIZATION Date/Time:	Confirm with:	Confirm by: MTH	
Repair Cost: L/S S\$ 2,900.00 (4 days) Reduction: 73 %		Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 26.01.21 Confirm with IVY		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: w/GST S\$ 3,103.00		OI REAR ENDED TP	
Loss of Rental (LOR) w/GST S\$ 535.00 (5 days) x \$100			
Loss of Use (LOU): S\$ - (\$ x days)			
Loss of Income (LOI): S\$ - (\$ 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 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: \$320	
Total: S\$ 3,638.00	Global Sum S\$:		
FINAL PAYMENT Date/Time: 26.01.21 Confirm with: IVY		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 3,638.00	Name 1: MBM WHEELPOWER PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		