

INS. CASE OWNER:

Lee, Ming-Yao

CS/AIG21004744/R1ea3n2-1

LKK:

IDAC:

ASSIGNMENT

Surveyor:

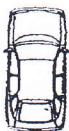
RASUL

DOI: 15/04/2021

Date / Time : 14/04/2021

Registered in Merimen: 19.04.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 9100Z

Claim No. : 8340999192SG

Name of Insured : LEE MING YAN

Policy No. : 1900090667

Insured Tel No. : HP:

Make / Model : Mercedes Glc200

Excess Sec II :\$S

D.O.A : 09/04/2021 21:41

Place of Accident : JCT OF KALLANG RD & CRAWFORD ST

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : LEE HONG CHUAN

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

PA 6515Y

INSRS:
WSP:
Tel :
Liability :
RMKS:WOODLANDS
TRANSPORT
SERVICE
PTE. LTD.INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	PA 6515Y - SMK 9100Z -	CS/AIG21004744/R1qf3n2 ; 09.04.2021 -NA/AIG20011304/z4 ; 18.10.2020	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
			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: MRB				
Repair Cost:	P/P S\$ 400	(2 days) Reduction: 17 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>				
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 <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\$			
Medical:	S\$		1) Claim status: Normal /Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP / WP	
Legal Cost	S\$		3) Survey fee: \$320	
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>				
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

Reject Case
By (staff) : *Heim*
Approved by : *Yee*
Date : 21-07-21

*** CANCEL PREVIOUS INVOICE AC2102917 DUE TO UNPAID AND REISSUE NEW INVOICE IN FULL AMOUNT