

INS. CASE OWNER:

APPA

CC4 /1111600 8752 / Rina3

LKK:

IDAC:

Surveyor:

RASM

DOI:

ASSIGNMENT

12/5/16

Date / Time:

11/5/16

Registered in Merimen:

12/5/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

SH7301T

Name of Insured:

CPL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A: 4/5/16

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

KOK YIP SENG (GMO YE XING)

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

NOT 16050204

Policy No.:

MWM0016

Make / Model:

HYUNDAI 140

Place of Accident:

C/P @ BLK 336 WOODLANDS AVE 1

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

KOK YIP SENG (GMO YE XING)

Driver Tel No.:

(V/L: YES / NO)

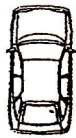
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

FBK 9272R



INSRS:

WSP:

Tel:

Liability:

RMKS:

Sincere Lead
Automotive

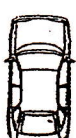
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

12/5/16

V/L

FBK 9272R - X

SH7301T - CS3 / M15013863 / Rina3dl-1; Rina3dl-1; Rina3dl-1

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: OIRO

PRELIMINARY ADVICE

Date/Time:

Sent By:

25/11/19

- RECOVERED BY TP ACCEPTED OFFER.

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

2,500.00

(

4

days) Reduction:

67

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

2,500.00

COLD RECOVERED BY TP ACCEPTED OFFER

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

80.00

(\$20

x

4

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\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

S\$

2,500.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,500.00

Name 1:

SINCERE LEAD AUTOMOTIVE

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-