

INS. CASE OWNER:

CCH / LPC160

21875, m/hg. 9

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

14/11/16

Pre-assign / CCU / FTE



Insured Vehicle No. :

8614422X

Claim No. :

16/16/16/VPO5/01946

Name of Insured :

Kam Loi Lin

Policy No. :

Z16VPO5008502

Insured Tel No. :

HP:

81/11/12

Make / Model :

Honda AT 130M

Excess Sec II :SS

D.O.A. :

5/11/16

Place of Accident :

In Ming Road (Bus stop opposite

Is driver the owner?

(YES / NO)

Nature of Accident :

Thruway V JWB

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

8KX 3815P



INSRS:

WSP:

Tel :

Liability :

RMKS:

S2H.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

21/11/16

8KX 3815P - CCH / LPC160 / 21/12/93 SDA 5/11/16
8614422X - CCH / LPC160 / 21/12/93 SDA 5/11/16

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: L16

SS \$ 1,500.00 (4 days) Reduction: 57 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Ms Wong

Email ☒ Call ☐

Final Liability:

% 30 (Agreed / Assessed) BOLA S/N No. :

NIL

If NO or B 28, Ass. Lia :

Repair Cost:

\$ 1,000.50

SS \$ 829.25

CCONTRIBUTING VERSIONS

Loss of Rental (LOR):

\$ 400 SS \$ 200.00 (4 days) X \$100.00

"ORIGINAL TP LOU W/ LPC"

Loss of Use (LOU):

SS \$ - (\$ x days)

ORIG. DV W/ LPC

Loss of Income (LOI):

SS \$ - (\$ x days)

NO RTA

LOR only ☐LOU only ☐LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

\$ 2.00 SS \$ 2.00

Medical:

SS \$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

SS \$ -

2) Report Format:

Legal Cost

SS \$ -

3) Survey fee: \$ 450.00

Total: \$ 2,000.50

SS \$ 1,031.25

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS \$ 1,031.25

Name 1:

S U H MOTOR PTE LTD

Payee 2: (Strike if N.A.)

SS \$ -

Name 2:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

SS \$ -

Name 3:

Payee 3: (Strike if N.A.)