

15/5/2010

INS. CASE OWNER:

ONG LI LI

CC4/LPC17023710

1Kha39

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

16/12/17

Date / Time:

13/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJQ 7484H

Name of Insured:

YAP LAY LAY AUDREY

Insured Tel No.:

HP: 9616 7698

Excess Sec II :\$S

D.O.A: 06/12/17

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age: TAN CHENG HOCK PATRICK

Driver Tel No.: 9635 0800

(V/L ☒ YES / NO)

Claim No.:

17/17/17/VPOS/020262

Policy No.:

217VPOS016331

Make / Model:

TOYOTA ALTIS

Place of Accident:

JALAN EUNDE

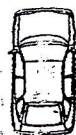
OI GIA REPORT ☒ YES / NO ; TP GIA REPORT ☒ YES / NO

Insured Liability:

%

Final ? Yes / No

GV 8370U



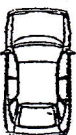
INSRS:

WSP: Alan's United

Tel:

Liability:

RMKS:



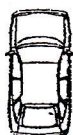
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

GV 8370U - X ; SJQ 7484H

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:

20/12/17

Sent By:

HMF

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

H5

S\$

1,500.00

(3 days)

Reduction:

48

%

Email

Call

FINAL SETTLEMENT

Date/Time:

03/08/18

Confirm with:

KENNY

Email

Call

Final Liability:

%

100

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

27

Repair Cost:

CW/GRO

S\$

1,605.00

Loss of Rental (LOR):

S\$

900.00

(5 days)

x \$180.00

Loss of Use (LOU):

S\$

-

(\$ x days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOU only

☒

LOU only

☐

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

2,507.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,507.00

Name 1:

ALAN'S UNITED AUTO PRE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

Payee 3: (Strike if N.A.)

S\$

-

Name 3: