

INS. CASE OWNER:

CC 4/QBE1800

LKK:
IDAC:

Surveyor:

Tanfikh

DOI:

ASSIGNMENT

Fiallo

Date / Time :

18/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLG 96270

Name of Insured :

LOH POH HENG

Insured Tel No. :

HP:

97468327

Excess Sec II : \$\$

D.O.A :

11/1/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

VLO11083

Policy No. :

8-V0016096-MVA

Make / Model :

HONDA

Place of Accident :

KALLANG AVE

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

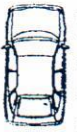
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHB 4588P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Ding

Automotive



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time		STAGE	DATE / PIC
18/1/18	SHB 4588P-X	Non-Reporting ltr (1st):	
	SLG 96270-X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
18/1/18 3:01 pm	called OI, loh poh heng 97468327 but no respond - will sent letter	Call OI: 18/1/18 7 Sit Heng	
		After call ltr to OI: 18/01/18 - vic on	
		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: 18/01/18 Sent By: bs

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L16	SS 650.00	(2 days) Reduction: 77 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/02/18	Confirm with: MICHELLE	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/acc)	SS 695.50		COI: KATE - ENJOY TP)
Loss of Rental (LOR):	SS 350.46	(3 days) X 116.82	
Loss of Use (LOU):	SS 150.00	(\$ 50 x 3 days)	
Loss of Income (LOI):	SS -	(\$ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒	[Tick only one]	
GIA/LTA Search	SS 2.00		
Medical:	SS -		
Disbursement:	SS -	(e.g. Tow/ Independent)	
Legal Cost	SS -		
Total:	SS 1,197.96	Global Sum \$\$: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS 1,197.96	Name 1: DING AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	SS -	Name 2: -	
Payee 3: (Strike if N.A.)	SS -	Name 3: -	