

15/5/2010

INS. CASE OWNER:

KASHIDAH

CC6 1800

1377, U Wb3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

ASSIGNMENT

07102118

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

STN 77217

Claim No. :

644485918056

Name of Insured :

TAN MUN WAH (LERN CHUNTUN)

Policy No. :

700379449-03000

Insured Tel No. :

HP:

96685964

Make / Model :

MSSAM

Excess Sec II :S\$

D.O.A. :

19/01/18

Place of Accident :

JUN KUNH

Is driver the owner?

(YES/ NO)

Nature of Accident :

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

GPD 19AR



INSRS:

WSP:

Tel :

Liability :

RMKS:

Abwin



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time     |                                                                                                         | STAGE                                    | DATE / PIC                          |
|----------------|---------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------|
| 24/1/18        | GPD 19AR - X                                                                                            | Non-Reporting ltr (1st):                 |                                     |
|                |                                                                                                         | Non-Reporting ltr (2nd):                 |                                     |
|                |                                                                                                         | Non-Reporting ltr (Final):               |                                     |
|                |                                                                                                         | Notification ltr (if non-pickup):        |                                     |
|                |                                                                                                         | Call OI: 25/1/18 7 5H                    |                                     |
|                |                                                                                                         | After call ltr to OI: 05/02/18 - VK OK   |                                     |
| 25/1/18 @ 1209 | hrs: spoke to mis Tan A 96685964 agreed to settled on TP claims, aware of WOL issue - will sent letter. | Documentation Check List: Handler Typist |                                     |
|                |                                                                                                         | Notification ltr (if non-pickup)         | <input checked="" type="checkbox"/> |
|                |                                                                                                         | After call ltr to OI:                    | <input checked="" type="checkbox"/> |
|                |                                                                                                         | Authorisation To Act:                    | <input checked="" type="checkbox"/> |
|                |                                                                                                         | Release Voucher:                         | <input checked="" type="checkbox"/> |
|                |                                                                                                         | Final Repair Bill:                       | <input checked="" type="checkbox"/> |
|                |                                                                                                         | Car Rental Invoice:                      | <input type="checkbox"/>            |
|                |                                                                                                         | Towing Invoice                           | <input type="checkbox"/>            |
|                |                                                                                                         | LTA / GIA:                               | <input checked="" type="checkbox"/> |
|                |                                                                                                         | Medical Bill:                            | <input type="checkbox"/>            |
|                |                                                                                                         | PIR:                                     | <input type="checkbox"/>            |
|                |                                                                                                         | Mandate/Reject Instruction:              | <input type="checkbox"/>            |
|                |                                                                                                         | LOD                                      | <input checked="" 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:

Repair Cost:

46

S\$ 2,350.00

( 4 days)

Reduction:

70

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

05/02/18

Confirm with

LINDA

Email ☒Call ☐

Final Liability:

%

100

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

22

If NO or B 28, Ass. Lia :

Repair Cost:

(w/ass)

S\$ 2,514.50

Loss of Rental (LOR):

S\$

-

( days)

Loss of Use (LOU):

S\$

600.00

x 6

days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐LOU only ☐

S\$

200

LOR + LOU ☐LOR + LOI ☐

(Tick only one)

GIA/LTA Search

S\$

200

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

6520.00

Total:

S\$

3,116.50

Global Sum S\$:

-

Email ☐Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

3,116.50

Name 1:

ABWIN SERVICE FTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3: