

INS. CASE OWNER:

Leo Chee Wah

CC 6 / LCR18001808

Uja39

LKK:

IDAC:

Surveyor:

m/p/pens

DOI:

ASSIGNMENT

30/01/18

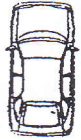
Date / Time:

30/01/18

Registered in Merimen:

30/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLQ 7257 z

Name of Insured:

LORF PL

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

26/01/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

KRISTINA WONG YIN MUI

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

228549207856

Policy No.:

099994994

Make / Model:

Honda Vezel

Place of Accident:

Serangoon Center Rd

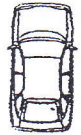
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLS 9511R



INSRS:

WSP:

Tel:

Liability:

RMKS:

Pegasus



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

12
Joy

2-2-18

SLS 9511R - x; SLQ 7257 z - x

BOLA 27; OI FROM REAR
PENDING LOD.

RECEIVED 13 AUG 2018

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:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

10-8-18

Confirm with

SHARON

Email

Call

Final Liability:

%

100

(Agreed/ Assessed)

BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

2,461

Loss of Rental (LOR):

S\$

7.49

Loss of Use (LOU):

S\$

435

(\$145 x 3 days)

Loss of Income (LOI):

S\$

(\$ x 3 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total:

S\$

2,903.49

Global Sum S\$:

2,900

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,900

Name 1:

PEGASUS ENGINEERING & TRADING PTE LTD

Payee 2: (Strike if N.A.)

S\$

x

Name 2:

x

Payee 3: (Strike if N.A.)

S\$

x

Name 3:

x

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT
13/8/18