

15/5/2010

INS. CASE OWNER:

CC 4/AIG1800 vmb, KMB3

LKK:

IDAC:

Surveyor:

KANNATH

DOI:

ASSIGNMENT

2010218

Date / Time :

5/2/18

Registered in Merimen:

5/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKA 3294m

Name of Insured :

Tan Boon Wan, Catherine.

Insured Tel No. :

HP:

Excess Sec II :\$S

D.O.A :

01/01/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

442192867656

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

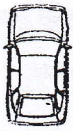
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

PC 3788K



INSRS:

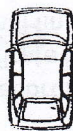
WSP:

Tel :

Liability :

RMKS:

Esteem



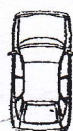
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time		STAGE	DATE / PIC
5/2/18	PC 3788K -> SKA 3294m ->	Non-Reporting ltr (1st):	
1/2	NO OI GIA, SENT 1ST LETTER.	Non-Reporting ltr (2nd):	
21/02/18	OI GIA REPORT IN.	Non-Reporting ltr (Final):	
06/03/18	call OI confirm accident details of repair and collision with TP. OI want to know the final repair bill. OI mentioned only scratches on his vehicle. OI and Nib will be affected. 1P+1V sent to OI.	Notification ltr (if non-pickup):	
12/04/18	FINISHED. EMAIL LIABILITY CLERK. TP LOD IN BY EMAIL.	Call OI:	7 BE'AN (1/2/18)
12/07/18	SEND 1ST OFFER TO TP. TP ACCEPTED OFFER. ALL DOCS IN ORDER. TO CLOSE.	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 1,007.67 (1 days) Reduction: 36 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 12/07/18 Confirm with: CHANION		Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 1,078.21	OI HM TO STATIONARY TP. (1/2/18)	
Loss of Rental (LOR):	\$S - (days)		
Loss of Use (LOU):	\$S 100.00 (\$100 x 1 days)		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S 7.45		
Medical:	\$S -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S - (e.g. Tow/Independent)	2) Report Format:	
Legal Cost	\$S -	3) Survey fee: \$320.00	
Total:	\$S 1,185.66 Global Sum \$S: 1,180.00		
FINAL PAYMENT Date/Time: Confirm with:		Email ☐ Call ☐	
Payee 1:	\$S 1,180.00 Name 1: ESTEEM PERFORMANCE PTE LTD		
Payee 2: (Strike if N.A.)	\$S - Name 2: -		
Payee 3: (Strike if N.A.)	\$S - Name 3: -		