

15/5/2010

INS. CASE OWNER:

Inre

CC 3/CTI18003004 / K1h83

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

13/02/13

Date / Time:

13/02/13

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKA 175

Claim No. : SNM18D00907C02

Name of Insured : LEE YIM FAI

Policy No. : DMPCSN17160551700

Insured Tel No. : HP: 9777 0817

Make / Model : PORSCHE CAYENNE

Excess Sec II :SS D.O.A : 09/02/13

Place of Accident : ALONG ORCHARD BLVD TURNING TO GANGO RD

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : CYNTHIA SURYATZ THE

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

Driver Tel No. : 9777 0817 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHD 1030R

INSRS:
WSP: Premier Auto Change
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHD 1030R - CS/FCI17020795/K1h82 DOA: 27/02/13
J-NA/0A114014961/d2 DOA: 26/07/14
SKA 175 - X

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: 05/02/13 - BROWN

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:

22/02/13 (VIC)

5/3/13

Call OIP confirm accident detail. as rear ended TP. OIP aware NCB will be affected

- FINISHED.

- TP LOW IN BY BUNIL

- BELOW 45K HANDBRE

- SEND 1ST OFFER TO TP.

- TP REQUESTED 6 DAYS. CAN HONOUR.

- SEND 2ND OFFER TO TP.

- TP ACCEPTED OFFER.

- RECEIVED OKG. DOG.

- ALL IN ORDER.

- TO CLOSE.

09/04/13

06/07/13

11/07/13

PRELIMINARY ADVICE Date/Time: 14/02/13 Sent By: Shirley Hieu

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 46 SS 1,000.00 (2 days) Reduction: 55 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28. Ass. Lia :

Repair Cost: (w/loss) SS 1,070.00

OIP rear ended TP /

Loss of Rental (LOR): SS 653.58 (6 days) x \$108.93

Loss of Use (LOU): SS 240.00 x 6 days

Loss of Income (LOI): SS - (S x days)

LOR only ☐ LOU only ☐ LOR + LOU ☒ [Tick only one]

GIA/LTA Search SS 7.45

Medical: SS -

Disbursement: SS - (e.g. Tow/ Independent)

Legal Cost SS -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$400.00

Total: SS 1,971.03

Global Sum SS: 1,960.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: SS 1,960.00

Name 1:

PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2: (Strike if N.A.) SS -

Name 2:

Payee 3: (Strike if N.A.) SS -

Name 3: