

15/5/2010

INS. CASE OWNER:

CC 3/AIG1800

3460, G Whh9

LKK:

IDAC:

Surveyor:

XGQ

DOI:

ASSIGNMENT

26/02/18

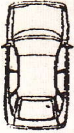
Date / Time

23/2/18

Registered in Merimen:

23/2/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SUM 747T

Name of Insured:

U THINER DEPRUE

Insured Tel No.:

HP:

9559382

Excess Sec II :\$

D.O.A:

23/2/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

95064928256

Policy No.:

200503327-00000

Make / Model:

MITSUBISHI

Place of Accident:

MIB BY FLP ERT

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

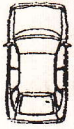
OI GIA REPORT: YES NO ; TP GIA REPORT: YES NO

Insured Liability:

%

Final ? Yes / No

EA 7877B



INSRS:

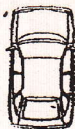
WSP:

Tel:

Liability:

RMKS:

premium



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
23/2/18	EA 7877B - X	Non-Reporting ltr (1st):	
	sum 747T - u1/m141705460/17637 km: 174/4	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
23/02/18 e	call OI. NO RESPONSE. FILE REVIEWED.	Call OI:	26/02/18 - VIC
3:09PM	OI INVOLVED IN 5 VEH. C.C.; OI ERD CALL.	After call ltr to OI:	23/02/18 - VIC
	SEND LETTER & EMAIL TO NOTIFY TP CLAIM.	Documentation Check List:	Handler Typist
	EMAIL LIABILITY COVER LOWLY: \$80/\$120	Notification ltr (if non-pickup)	☐
28/02/18 e	OI CALLED IN. RECEIVED EMAIL.	After call ltr to OI:	☒
10:50AM	INFORMED HIM OF TP CLAIM & WCT.	Authorisation To Act:	☒
	AGREED TO VISIT & ASSESS NCB	Release Voucher:	☒
	KNOBS.	Final Repair Bill:	☒
	TO MINIMIZE CAR	Car Rental Invoice:	☐
	FINISHED	Towing Invoice	☐
		LTA / GIA:	☒
		Medical Bill:	☐
		PIR:	☐
14/05/19	FILE PASS TO TYPIST TO PREPARE REPORT.	Mandate/Reject Instruction:	☒
13/06/19	MIG APPROVED MANDATE.	LOD	☒
	CONFIRMED AMOUNT \$120 NO LOD.	Payment Breakdown Form:	☐
	ALL POC IN ORDER.	Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

SS

17,794.16

(8

days)

Reduction:

44

%

Email

Call

FINAL SETTLEMENT

Date/Time:

13/06/19

Confirm with

KBS ONE

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

0%

Repair Cost:

W1651

SS

19,039.15

CS

VEH. C.C.; OI ERD CALL

Loss of Rental (LOR):

SS

-

(

days)

Loss of Use (LOU):

SS

800.00

(\$100

x

8

days)

Loss of Income (LOI):

SS

-

(\$

x

days)

LOR only

☐

LOU only

☒

LOR + LOU

☐

LOR + LOI

☐

(Tick only one)

GIA/LTA Search

SS

-

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

Total:

SS

12,841.75

Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

19,041.75

Name 1:

PREMIUM AUTOMOBILES PTE LTD

Payee 2: (Strike if N.A.)

SS

800.00

Name 2:

ONG YI LIN, GENEVIVE (WANG YILIN)

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-