

15/5/2010

INS. CASE OWNER:

JACUIN

CC 3 /AIG1800 3944, A Wb3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

09/03/18

Date / Time :

1/2/18

Registered in Merimen:

1/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFF 82F

Name of Insured :

DWH SIN PR

Insured Tel No. :

HP:

Excess Sec II :\$

D.O.A :

1/2/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

111086570554

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

S67 3900



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
5/2/18	S67 3900-4 SFF 82F-4	Non-Reporting ltr (1st):	
	WD OI GIA, SFF OUT 2ST LETTER.	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	13/04/18 - VIC
		After call ltr to OI:	
13/03/18		Documentation Check List:	Handler Typist
13/04/18 @ 3:30PM		Notification ltr (if non-pickup)	☐
13/04/18 @ 3:30PM		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:

PIP

SS

1,931.80

(3

days)

Reduction:

66 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

MASTURA

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

(OLD LTR-ENDED TP)

Repair Cost:

(w/ass)

SS

2,070.24

Loss of Rental (LOR):

SS

920.00

(3

days)

Loss of Use (LOU):

SS

-

(\$ x

days)

Loss of Income (LOI):

SS

-

(\$ x

days)

LOR only

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

GIA/LTA Search

SS

2.00

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

2,492.24

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

2,072.24

Name 1:

PREMIUM AUTOMOBILES PTE LTD

Payee 2: (Strike if N.A.)

SS

420.00

Name 2:

CHAN ZH-LIANG (ZHANG ZHILIANG)

Payee 3: (Strike if N.A.)

SS

-

Name 3: