

INS. CASE OWNER:

CL | CO. 4, Asm/800 4892, U123

LKK:

IDAC:

34916

Surveyor:

M. P. P. P.

DOI:

ASSIGNMENT

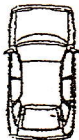
11/3/18

Date / Time :

14/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLA 2003 G

Name of Insured :

7m Hec Chye

Insured Tel No. :

67253233 HP: 9622231

Excess Sec II : \$S

D.O.A :

3/3/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

S 8m 00 API

Policy No. :

Gp 314333

Make / Model :

Jaguar XE

Place of Accident :

JIN Boon Lay

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

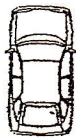
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

S10 6662L



INSRS:

WSP:

Tel :

Liability :

RMKS:



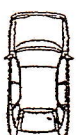
INSRS:

WSP:

Tel :

Liability :

RMKS:



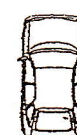
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time		STAGE	DATE / PIC
25/1/18	S10 6662L - X; SLA 2003 G - X	Non-Reporting ltr (1st):	
25/1/18	PINKURUBA	Non-Reporting ltr (2nd):	
25/1/18	LOD attached	Non-Reporting ltr (Final):	
25/1/18	ORIGINAL TP LOD IN.	Notification ltr (if non-pickup):	
25/1/18	FILE ROUTED TO OI KATE-EMBED TP.	Call OI:	
25/1/18	SEND LETTER TO BUREAU TO OI TO	After call ltr to OI:	29/01/18 - vic
25/1/18	NOTIFY TP CLAIM IN NOC ROUTE	Documentation Check List: Handler	Typist
25/1/18	UPLOAD MANDATE IA IN QC.	Notification ltr (if non-pickup)	☐
25/1/18		After call ltr to OI:	☒
25/1/18		Authorisation To Act:	☒
25/1/18		Release Voucher:	☒
25/1/18		Final Repair Bill:	☒
25/1/18		Car Rental Invoice:	☒
25/1/18		Towing Invoice	☐
25/1/18		LTA / GIA	☒
25/1/18		Medical Bill:	☐
25/1/18		PIR:	☐
25/1/18		Mandate/Reject Instruction:	☒
25/1/18		LOD	☒
25/1/18		Payment Breakdown Form:	☐
25/1/18		Post-Repair Photos:	☒
25/1/18		Others:	☐

PRELIMINARY ADVICE

Date/Time:

3/4

Sent By:

H. M. M.

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L6

S\$

6,200.00

(10 days)

Reduction:

77

%

Email

Call

FINAL SETTLEMENT

Date/Time:

03/04/19

Confirm with

NANOT

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

CWL/GRD

S\$

6,634.00

COI KATE - EMBED TP)

Loss of Rental (LOR):

S\$

1,200.00

(8 days)

X & 150.00

Loss of Use (LOU):

S\$

-

(\$

x days)

Loss of Income (LOI):

S\$

-

(\$

x days)

LOR only ☒ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$350.00

Total:

S\$

7,836.00

Global Sum S\$:

7,700.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

7,700.00

Name 1:

KIM CHWE AUTO PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-