

15/5/2016

INS. CASE OWNER:

SAUNA

CC4/AIG1800

5782 M/L/M/3

LKK:

IDAC:

Surveyor:

MAH

DOI:

ASSIGNMENT

05/04/18

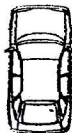
Date / Time :

26/3/18

Registered in Merimen:

26/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

S77 570R

Name of Insured :

WE WAT TUCK

Insured Tel No. :

HP: 06758163

Excess Sec II :\$

D.O.A :

26/3/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

7147544248554

Policy No. :

no 03412107

Make / Model :

PROTON

Place of Accident :

PIE EXIT TO WORKER RD TMS
THOMSON RD

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

SLN 4944X



INSRS:

WSP:

Tel :

Liability :

RMKS:

litro
Anco.

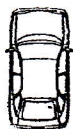
INSRS:

WSP:

Tel :

Liability :

RMKS:



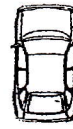
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
7/4/18	SLN 4944X - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
9/4/18	called oi, confirm accident details oi mention he was stationary when tp grazed his vehicle. inform NCD issue. inform oi that we had evidence from tp. later send to oi.	Call Oi:	7/REVAN
		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:

PIP

\$

500.00

(

2

days)

Reduction:

16

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

VIRONICA

Email ☒Call ☐

Final Liability:

%

50

(Agreed / Assessed)

BOLA S/N No. :

N/L

If NO or B 28, Ass. Lia :

Repair Cost:

5355.00

\$

267.60

conflicting version

Loss of Rental (LOR):

\$

-

(\$

60

x

3

days)

Loss of Use (LOU):

\$

90.00

(\$

60

x

3

days)

Loss of Income (LOI):

\$

-

(\$

x

days)

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

[Tick only one]

GIA/LTA Search

2.00

\$

2.00

Medical:

\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

\$

-

3) Survey fee:

4320.00

Total:

4777.00

\$

359.50

Global Sum \$:

350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

\$

350.00

Name 1:

CITY AUTO PTE LTD

Payee 2: (Strike if N.A.)

\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$

-

Name 3:

-

(1/2)

REFERENCE NUMBER	CCH MG 18005482 M1163	
DATE / TIME	ACTIONS / REMARKS	
28/09/10	- SEND 1ST OFFER TO TP. @ 50%. - TP PROPOSED @ \$390.00 (FULL IN)	
19/10/10	- COND ACCEPTANCE BUILT. - ALL DOCS IN ORDER. - TO CLOSE.	

(2/2)