

15/5/2010

INS. CASE OWNER: LEE MING YAO

CC 4/AIG1800 9537, K 1163

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT02109/18

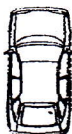
Date / Time:

24/4/18

Registered in Merimen:

26/4/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKD 5635J

Claim No.:

500618636656

Name of Insured:

NAMIR AHMED KHANBARI

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

17/4/18

Place of Accident:

Is driver the owner?

( YES / NO )

Nature of Accident:

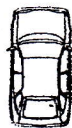
If NO, Driver Name / Age:

Driver Tel No.:

AT THE TIME OF ACCIDENT  
(V/L: YES / NO)OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

SEL 2100

INSRS:

WSP:

Tel:

Liability:

RMKS:

city auto

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/ Time         |                                                                 | STAGE                             | DATE / PIC                          |
|--------------------|-----------------------------------------------------------------|-----------------------------------|-------------------------------------|
| <u>26/4/18</u>     | <u>SEL 2100 - x</u>                                             | Non-Reporting ltr (1st):          |                                     |
| <u>26/4/18</u>     | <u>no oi. gia. sent out 1st letter.</u>                         | Non-Reporting ltr (2nd):          |                                     |
| <u>26/4/18</u>     | <u>oi gia report in</u>                                         | Non-Reporting ltr (Final):        |                                     |
|                    |                                                                 | Notification ltr (if non-pickup): |                                     |
|                    |                                                                 | Call OI:                          |                                     |
|                    |                                                                 | After call ltr to OI:             | <u>0210-2119 - summary</u>          |
| <u>02/07/18</u>    | <u>old car value during DOA.</u>                                | Documentation Check List: Handler | Typist                              |
|                    | <u>plus provided. old rate - ended TP.</u>                      | Notification ltr (if non-pickup)  | <input type="checkbox"/>            |
|                    | <u>send letter to OI to notify TP claim</u>                     | After call ltr to OI:             | <input checked="" type="checkbox"/> |
|                    | <u>in NCD issues.</u>                                           | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|                    | <u>FINALIZED</u>                                                | Release Voucher:                  | <input checked="" type="checkbox"/> |
| <u>2/7/18</u>      | <u>letter sent to OI</u>                                        | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|                    |                                                                 | Car Rental Invoice:               | <input checked="" type="checkbox"/> |
| <u>03-12-19</u>    | <u>BASE ON DAMAGE PROFILE OF TP THE REAR PORTION (BOOT)</u>     | Towing Invoice                    | <input type="checkbox"/>            |
|                    | <u>IS OUT OF ALIGNMENT. THE LOGO OF 'VOLVO' ALSO SEEM TO BE</u> | LTA / GIA:                        | <input checked="" type="checkbox"/> |
|                    | <u>DAMAGED BY IMPACT. SO THE IMPACT IS CONFIRMED.</u>           | Medical Bill:                     | <input type="checkbox"/>            |
|                    | <u>TP LOD IN BY EMAIL</u>                                       | PIR:                              | <input type="checkbox"/>            |
| <u>21/03/2020</u>  | <u>SEND 1st OFFER TO TP</u>                                     | Mandate/Reject Instruction:       | <input type="checkbox"/>            |
|                    | <u>TP ACCEPTED OFFER.</u>                                       | LOD                               | <input checked="" type="checkbox"/> |
|                    | <u>NEW DOA IN ORDER.</u>                                        | Payment Breakdown Form:           | <input type="checkbox"/>            |
| PRELIMINARY ADVICE | Date/Time:                                                      | Post-Repair Photos:               | <input type="checkbox"/>            |
|                    | Sent By:                                                        | Others:                           | <input type="checkbox"/>            |

| FINALIZATION                                                                                                                                                         | Date/Time:                                                  | Confirm with:                    | Confirm by:                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------|--------------------------------------------------------------|
| Repair Cost: <u>49</u>                                                                                                                                               | S\$ <u>2,330.00</u> ( <u>4</u> days) Reduction: <u>37</u> % |                                  | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT                                                                                                                                                     | Date/Time:                                                  | Confirm with:                    | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No.:                                                                                                      | <u>03/04/18</u>                                             | <u>YRONICA</u>                   |                                                              |
| Repair Cost: <u>2728.50</u>                                                                                                                                          |                                                             |                                  | If NO or B 28, Ass. Lia: <u>OLD RATE - ENDED TP</u>          |
| Loss of Rental (LOR): S\$ <u>500.00</u> ( <u>5</u> days) x <u>100.00</u> (1.000)                                                                                     |                                                             |                                  |                                                              |
| Loss of Use (LOU): S\$ <u>-</u> ( \$ x days)                                                                                                                         |                                                             |                                  |                                                              |
| Loss of Income (LOI): S\$ <u>-</u> ( \$ x days)                                                                                                                      |                                                             |                                  |                                                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                             |                                  |                                                              |
| GIA/LTA Search S\$ <u>2.00</u>                                                                                                                                       |                                                             |                                  |                                                              |
| Medical: S\$ <u>-</u>                                                                                                                                                |                                                             |                                  | 1) Claim status: <u>Normal/Reject/Private Settle</u>         |
| Disbursement: S\$ <u>-</u> (e.g. Tow/Independent)                                                                                                                    |                                                             |                                  | 2) Report Format:                                            |
| Legal Cost S\$ <u>-</u>                                                                                                                                              |                                                             |                                  | 3) Survey fee: <u>\$320.00</u>                               |
| Total: S\$ <u>3,230.00</u>                                                                                                                                           |                                                             | Global Sum S\$: <u>3,230.00</u>  |                                                              |
| FINAL PAYMENT                                                                                                                                                        | Date/Time:                                                  | Confirm with:                    | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: S\$ <u>3,230.00</u>                                                                                                                                         |                                                             | Name 1: <u>CITY AUTO PTE LTD</u> |                                                              |
| Payee 2: (Strike if N.A.) S\$ <u>-</u>                                                                                                                               |                                                             | Name 2: <u>-</u>                 |                                                              |
| Payee 3: (Strike if N.A.) S\$ <u>-</u>                                                                                                                               |                                                             | Name 3: <u>-</u>                 |                                                              |