

INS. CASE OWNER:

CC 4 / AIG1800

7821, Khas

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

27/4/18

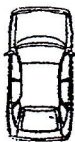
Date / Time:

27/4/18

Registered in Merimen:

27/4/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

S2L19S

Name of Insured:

Tao Giew Ling

Insured Tel No.:

HP:

97596300

Excess Sec II :\$S

D.O.A.:

27/4/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

2004 Suzuki

M-Bomb F200

Jervoy Hill (Jervoy Rd Junction)

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

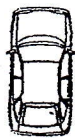
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SKS 9572B



INSRS:

WSP:

Tel:

Liability:

RMKS:

Complete Vms.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

3/5/18
mc

SKS 9572B - X; S2L19S - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

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: User Statement

3/5/2018
1pm poh kin

- Spoke to OI (Ms Tao) at 97596300. OI confirmed about the accident statement. Informed her about the TP claim and MCD issue. OI agreed and aware about MCD issue and mention she has MCD Protector. Send letter to OI. poh kin

- ORIGINAL TP LOD IN

12/04/18

- SEND 1ST OFFER TO TP.

- TP REQUESTED OFFER. COUNTER PROPOSED LOU @ 2 KING WOLF.

19/10/18
20/10/18

- SEND 2ND OFFER.

- TP ACCEPTED OFFER.

- ALL DONE IN ORDER.

- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L6

S\$ 6,750.00

(5

days)

Reduction:

40

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100% (Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

CULGOT

S\$ 7,722.50

COI HIT TP)

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

600.00

(\$ 100

x 6

days)

(COVER RENTAL FLOE @ 250)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

29.00

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$ 320.00

Total:

S\$

7,851.50

Global Sum S\$:

7,800.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

7,800.00

Name 1:

COMPLETE VMS PRE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-