

15/3/10

INS. CASE OWNER: CHAN KIAN HONG

CC 4 / AIG1800

7880

P1 pa3

LKK:

IDAC:

Surveyor:

Pasul

DOI:

ASSIGNMENT

16/9/18

Date / Time:

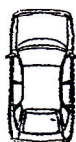
27/4/2018

Registered in Merimen:

27/4/18

Pre-assign / CCU / FTE

SUN 8891B



Insured Vehicle No.:

Name of Insured:

RAY 330 SERVICES

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

22/4/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Lim Choon Piau

Driver Tel No.:

91388488

(V/L: YES / NO)

Claim No.:

01816638736G

Policy No.:

1300078944

Make / Model:

Kia

Place of Accident:

Fullerton Rd 7 Esplanade Dr.

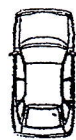
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SUN 4422B



INSRS:

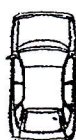
WSP:

Tel:

Liability:

RMKS:

Hua Hong



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

8/6
CH1SUN 4422B } NA/ACC 180074891/K4; DTA: 22/4/18
SUN 8891B } NA/ACC 180074891/K3; DTA: 1/11/18

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: NO RTA

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:

7/5/18

- Old rear ended tp.

- MINAUGED.

- TP LOD IN BY EMAIL

13-12-19 SINCE DOCUMENTS ARE IN ORDER TO EXPEDITE TP CLAIM SETTLEMENT
AS THE AMOUNT IS NOT MUCH.12/12/19
14/02/2020

- SEND 1ST OFFER TO TP

- TP ACCEPTED OFFER.

- ALL DOC IN ORDER.

- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P1P

S\$ 1,710.00

(3 days)

Reduction: 53

%

Email

Call

FINAL SETTLEMENT

Date/Time: 04/02/20

Confirm with

SERLEEN

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.: 77

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss)

S\$ 1,629.70

Loss of Rental (LOR) (w/loss)

S\$ 513.60

(4 days)

x \$ 120.00

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\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 320.00

Total:

S\$ 2,343.30

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 2,343.30

Name 1:

HUA HONG PRIVATE LIMITED

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-