

INS. CASE OWNER:

CC 6 /AIG1800

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

2/5/18

Date / Time :

2/5/18

Registered in Merimen:

2/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLH 5404B

Claim No. :

15602042944

Name of Insured :

LEE KHON WEE RAYMOND.

Policy No. :

Insured Tel No. :

HP:

97374235

Make / Model :

MAZDA

Excess Sec II :\$

D.O.A :

26/4/18

Place of Accident :

FIVE LANE FROM TPE

Is driver the owner?

(YES / NO)

Nature of Accident :

EXIT TO TAMPINES AVE 7

If NO, Driver Name / Age : ✓

Driver Tel No. :

(V/L: YES / NO)

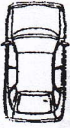
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SFH 4805R



INSRS:

WSP:

Tel :

Liability :

RMKS:

Leang



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

2/5/18

vic

14/5/2018 polkin
1:15pm

SFH 4805R -x

SLH 5404B -x

please beware gear issue was mention in TP report

Spoke to OJ, OJ Confirmed accident details. Informed OJ about TP claim and HCD issue. OJ agreed to settle and aware the HCD issue. send letter to OJ.

- PINKUBED.

- TP LOR IN BY FAX

29/06/18
03/07/18

- FAX OFFER TO TP.

- TP ACCEPTATION OFFER.

- All POCS IN OFFER.

- TO CLOSE.

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: 3/14/5/2018

VIC-OK
18/06/18

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: FAX

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: L6

S\$ 4,800.00 (6 days) Reduction: 49 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 27 ✓

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 4,800.00

Front to rear collision ✓

Loss of Rental (LOR):

S\$ 650.00 (5 days) x \$130.00

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\$ 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\$ 5,479.00

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 5,479.00

Name 1:

LEANG AUTOMOTIVE

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-