

15/5/2010

INS. CASE OWNER:

Winnette

CC 4 / ASM1800

8624 / P1243

LKK:

IDAC:

44446

Surveyor:

meB

DOI:

ASSIGNMENT

11/5/18

Date / Time:

10/5/2018

Registered in Merimen:

Pre-assign / CCU / FTE

SLP 516R



Insured Vehicle No.:

Name of Insured:

Leung Wai Cheung Christine

Insured Tel No.:

HP:

97525020

Excess Sec II :\$S

D.O.A.:

11/5/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

UPA/P1940879

Suzuki

300 Thomson Rd Jurong

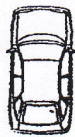
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLG9101D



INSRS:

WSP:

Tel:

Liability:

RMKS:

Dry Air



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

3/5 AM

SLG9101D - X; SLP516R - X

* video uploaded in SMART.
- TP VIDEO UPLOADED IN GC.Turning right and collided with TP
which was driving straight from opp
direction.20/04/18
21/04/18- BSA APPROVED WARRANT.
- TP ACCEPTED OFFER.
- ALL DOCS IN ORDER.
- 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:

THIN By Email.
6/6

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:

20/5

Sent By:

JH

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

US

S\$ 2,400.00

(3 days)

Reduction:

78 %

Email

Call

FINAL SETTLEMENT

Date/Time:

21/04/18

Confirm with:

MICHELLE

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

5

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 2,400.00

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

300.00

(\$ 60 x 5 days)

Loss of Income (LOI):

S\$

250.00

(\$ 50 x 5 days)

LOR only ☐ LOU only ☐

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

S\$

2,952.00

Global Sum S\$:

2,850.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,850.00

Name 1:

DING

AUTO

PTE

LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-