

15/5/2010

INS. CASE OWNER:

Richard

CC 4/AXA1800 9148

s3

LKK:

IDAC:

Surveyor:

RASM

DOI:

ASSIGNMENT

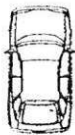
18/5/18

Date / Time :

21/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

877 2788B

Claim No. :

58MOUHN3/46146

Name of Insured :

LEE SEAH WENB.

Policy No. :

4A767886

Insured Tel No. :

HP:

8887548

Make / Model :

JAGUAR

Excess Sec II :\$S

D.O.A :

16/5/18

Place of Accident :

LEE TWD RMK MEI

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

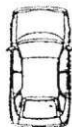
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

877 2788B



INSRS:

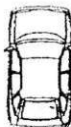
WSP:

Tel :

Liability :

RMKS:

sk



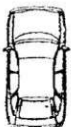
INSRS:

WSP:

Tel :

Liability :

RMKS:



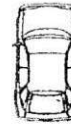
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

21/5/18
Hhhr

877 2788B - X

877 2788B - Y

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:

Smart Claim

FILE REVIEW: LIABILITY UNCLEAR

EMAIL WSP LIABILITY UNCLEAR TO REQUEST FOR EVIDENCE

PENDING FOR TP EVIDENCE TO OFFER.

11/6/2018 - DS Form sent

PRELIMINARY ADVICE

Date/Time:

21/5/18

Sent By:

Hh

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

150.00

(3 days)

Reduction:

87

%

FINAL SETTLEMENT

Date/Time:

11/6/2018

Confirm with:

Tyson

Email:

Call:

Final Liability:

%

50

(Agreed / Assessed)

BOLA S/N No. :

NIL

If NO or B 28, Ass. Lia :

Repair Cost:

SS

802.50

Loss of Rental (LOR):

SS

250.00

(5 days)

x \$100

Loss of Use (LOU):

SS

-

(\$ x days)

Loss of Income (LOI):

SS

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

2.00

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 350.00

Total:

SS

1054.50

Global Sum SS:

1050.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email:

Call:

Payee 1:

SS

1050.00

Name 1:

SK Automobile Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

7339k
COE XPRN: July/18

Web No. SSA 71162 Yr Recd: July 2008

Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA VIOS E A C.C. 1457

Colour **BLACK** A/C Insured / Std / NI / NA

Sp. Reading **226949** T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MROSSHY9 3050 12256

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / ☒ TD A/Rim or

Tyre Size: F: 185/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO/YOKO or CONTINENTAL

Front 1 Rear 1

R/Bal.	6	mm	R/Bal.	6	mm
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L/Bal.	6	mm	L/Bal.	6	mm
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DOJ 11-1-10 DOJ 181-210

D.O.A. 16/05/18 D.O.A. 16/05/18

Survey held at SK Automobile

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Page 0/3

The U/C / Chassis frame / Body Structure affected due to collision.

US \$1500 (Real \$ 9876.68 / 87%).

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$

☐	Interview	(\$
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Tech. 10/15/18

Weekend 15