

DISEASE OWNER:

CL

CC 4 / Asm 1800

9833

Kha3

LKK:

IDAC:

48766

Surveyor:

Kenneth

DOI:

ASSIGNMENT
30/5/18

Date / Time:

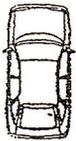
30/5/18

Registered in Merimen:

Pre-assign / CCU / FTE

X05457C

S8M001LO



Insured Vehicle No.:

Claim No.:

Name of Insured:

Som Kee Hong Container Services

Policy No.:

P1716854

67X

Insured Tel No.:

HP:

Make / Model:

M7.

Excess Sec II :SS

D.O.A.:

24/5/2018

Place of Accident:

Upper S'jorn Rd

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Lam Jeevan Thirugnanan

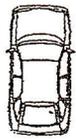
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

82607579 (V/L: YES / NO)

Insured Liability: % Final? Yes / No

SDW1521M



INSRS:

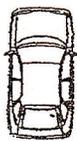
WSP:

Tel:

Liability:

RMKS:

BA Auto



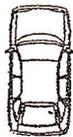
INSRS:

WSP:

Tel:

Liability:

RMKS:



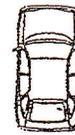
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/Time | STAGE | DATE / PIC |
|--|---|--|
| 6/6/18 | Non-Reporting ltr (1st): | |
| 2/6/18 | 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | After call ltr to OI: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Authorisation To Act: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Release Voucher: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Final Repair Bill: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Car Rental Invoice: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Towing Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | LTA / GIA: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | LOD: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| | Post-Repair Photos: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: | Sent By: |
| 26/6/18 | | |
| | - TP ACCEPTED OFFER. ALL DONE IN ORDER. | |
| FINALIZATION | Date/Time: | Confirm with: |
| | | |
| Repair Cost: | S\$ 5,800.00 (21 days) Reduction: 71 % | Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time: 26/6/18 | Confirm with: YUN QHI |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No.: | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Repair Cost: | S\$ 6,206.00 | If NO or B 28, Ass. Lia: (OLD REPAIR-ENDED TP) |
| Loss of Rental (LOR): | S\$ 3,000.00 (20 days) X \$100 | |
| Loss of Use (LOU): | S\$ (\$ x days) | |
| Loss of Income (LOI): | S\$ (\$ x days) | |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | |
| GIA/LTA Search | S\$ 2.00 | |
| Medical: | S\$ - | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S\$ - (e.g. Tow/ Independent) | 2) Report Format: |
| Legal Cost | S\$ - | 3) Survey fee: \$350.00 |
| Total: | S\$ 9,208.00 | Global Sum S\$: 9,000.00 |
| FINAL PAYMENT | Date/Time: | Confirm with: |
| | | |
| Payee 1: | S\$ 9,000.00 | Name 1: BH AUTO SERVICES PTB LTD |
| Payee 2: (Strike if N.A.) | S\$ - | Name 2: - |
| Payee 3: (Strike if N.A.) | S\$ - | Name 3: - |