

INS. CASE OWNER:

JAMES TAY

CC 4/EQ11800

9109

K 7/10/10

LKK:  
IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT  
20105110

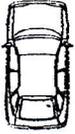
Date / Time :

1/6/10

Registered in Merimen:

Pre-assign / CCU / FTE

YN 5869H



Insured Vehicle No. :

GIN YUN FURNITURE TRAINING

Claim No. :

DM18HO013221FN

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

MITSUBISHI

Excess Sec II :\$S

D.O.A :

Y6/1/10

Place of Accident :

BT TIMAR RD.

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

U FEL

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

Driver Tel No. :

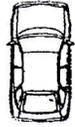
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

G64 6425H

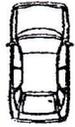


INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

city auto



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date / Time		STAGE	DATE / PIC
4/6/10	G64 6425H - X	Non-Reporting ltr (1st):	
	YN 5869H - LATE 118009821 / Kenneth Tay Y6/1/10	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	10/6/10 - JK
		After call ltr to OI:	
10/6/10 @ 11am	2 TP CLAIM	Documentation Check List:	Handler Typist
	SPONSOR TO OI PIC MR MENARD. HE CONFIRMED ACCIDENT DETAILS & OIO COLLAPSED TO 2 TP UGH. INFORMED OF TP CLAIM, AGREED TO SETTLE & MAKE NCD ISSUES. SEND LETTER TO OI.	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 type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
08/11/10	TYPE REPORT FOR MANDATE APPROVAL		
10/1/10	REPORT DONE		
10/1/10	SEND MANDATE APPROVAL TO OI		
10/1/10	EQ APPROVED MANDATE		
10/1/10	SEND ACCEPTANCE EMAIL TO TP		

PRELIMINARY ADVICE Date/Time: 04/06/10 Sent By: BS  
 08/10/10 - ALL DOCS IN ORDER. TO CLOSE.

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P10 SS 24,313.04 ( 18 days) Reduction: 25 % Email  Call

FINAL SETTLEMENT Date/Time: 02/03/10 Confirm with: VERONICA Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia : COID HIC 2 TP)

Repair Cost: (w/est) SS 26,014.95

Loss of Rental (LOR): SS 2,200.00 ( 12 days) x 9100

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 -

Total: SS 28,216.95 Global Sum SS: -

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: SS 28,216.95 Name 1: CITY AUTO PTE LTD