

INS. CASE OWNER:

BENNIE

CC 6 / ALG 180

10761, Uha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Marius

DOI:

6/6/18

Date / Time :

6/6/18

Registered in Merimen:

6/6/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SCA 67626

Name of Insured :

HUANA PER PENGALAN WONG

Insured Tel No. :

HP:

91863303

Excess Sec II :SS

D.O.A :

4/6/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

A761360775G

Policy No. :

210037720

Make / Model :

SUZUKI XV.1

Place of Accident :

PIS AFTER ADAM RD

If NO, Driver Name / Age :

Driver Tel No. :

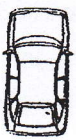
(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:

Kim Chuan

09676



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

1/6/18
2/6/186/6/18 - X, SCA 67626, X
- MINAUSED.
- ORIGINAL TP LOD IN.02/06/18 @
4:15PM- call OI. NO RESPONSE. PUE REVIEWED.
- OI REPR-67626 TP. SEND LETTER &
- EMAIL TO OI TO NOTIFY TP CLAIM.

03/06/18

- OI REPR-67626 " acknowledged email.

03/06/18 @
1:00PM- report to OI. CONFIRMED RECEIVED
- LETTER & EMAIL. AGREED TO settle &
- Awaiting NCD will be approved.
- NO FURTHER issue.- OI VIDEO IN. V DRIVE / VIC / SCA 67626.
- UPLOADED IN MERIMEN.

- SEND ACCEPTANCE TO TP.

- ALL DONE 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:

03/06/18 - VIC

After call ltr to OI: 02/06/18 - VIC

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L6

S\$ 4,500.00

(5

days)

Reduction:

56

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

JASON

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

COI REPR-67626 TP)

Repair Cost:

COI 67626

S\$ 4,815.00

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

600.00 (\$100 x 6

days)

Loss of Income (LOI):

S\$

-

(\$

x

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)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$

5,417.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

5,417.00

Name 1:

KIM CHWEE

AUTO PTB LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-