

15/5/2010

INS. CASE OWNER:

Shawn

CC 3 / AIG1801 1711

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

7/6/18

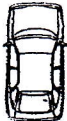
Date / Time:

11/6/18

Registered in Merimen:

7/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJT 8447T

Claim No.:

564849900059

Name of Insured:

LEONG YUN HAO

Policy No.:

1700075954

Insured Tel No.:

HP:

94774460

Make / Model:

Mitsubishi

Excess Sec II :S\$

D.O.A.:

7/6/18

Place of Accident:

CIE 191E

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

SHB 41810



INSRS:

WSP:

Tel:

Liability:

RMKS:

CDGE
m

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

12/6/18
JY
12-7-18

SHB 41810 - 12/11/1800 1711/1800 1711/1800

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: JOY 12-7-18

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:

RECEIVED 16 JUL 2018

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

995.61

Loss of Rental (LOR):

S\$

172.50

1.5 days

115

Loss of Use (LOU):

S\$

75

1.5 days

50

Loss of Income (LOI):

S\$

75

1.5 days

50

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

749

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

1,250.60

Global Sum S\$:

1,250

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,250.xx

Name 1:

COMFORTDELGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

S\$

X

Name 2:

X

Payee 3: (Strike if N.A.)

S\$

X

Name 3:

X

COPY SENT
16/7/18

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: