

INS. CASE OWNER:

KIAN HONG

CC 3, ALH 180 11663, A 3h 3/3

LKK:

IDAC:

Surveyor:

APRILIAN

DOI:

ASSIGNMENT

2806119

Date / Time:

26/6/18

Registered in Merimen:

26/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

0JA 9933A

Name of Insured:

Goh Ngyang Chan.

Insured Tel No.:

HP: 81002233

Excess Sec II : SS

D.O.A: 26/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

9326679275G

Policy No.:

77000 6491

Make / Model:

M-Benz C43

Place of Accident:

Alexandria 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

SL5 4422Y



INSRS:

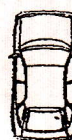
WSP:

Tel:

Liability:

RMKS:

Premium



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

28/6
11M

SL5 4422Y X;

0JA 9933A, N/A 11/11/18 00:43:43; D.O.A. 26/6/18

OI coming out from slip road.

13-12-18

TRANSFER: THIN2 TO JOY

PENDING FINALISATION

FOR MANDATE.

MANDATE APPROVED

CONFIRMED AMOUNT OWE TO LOD.

AW DONE IN ORDR.

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: 77114 1812

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: P/P

S\$ 14,300.00 (12 days) Reduction: 25 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.: 11 (C)

If NO or B 28, Ass. Lia:

Repair Cost: GST

S\$ 15,301. x x

OI FROM SUP ROAD

Loss of Rental (LOR):

S\$ (days)

Loss of Use (LOU):

S\$ 900 (\$ 60 x 15 days)

Loss of Income (LOI):

S\$ (\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$ 2. x x

Medical:

S\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

\$ 320.00

Total:

S\$ 16,203

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 15,303.00

Name 1:

PREMIUM AUTOMOBILES PTE LTD

Payee 2: (Strike if N.A.)

S\$ 900.00

Name 2:

CHAN YUEN MUN

Payee 3: (Strike if N.A.)

S\$ -

Name 3: