

15/5/2010

INS. CASE OWNER:

LEO HING YAO

CC 6

/AIG1801

1957, U W63

LKK:

IDAC:

Surveyor:

MARUYS

DOI:

ASSIGNMENT

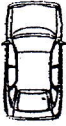
7/7/18

Date / Time :

Registered in Merimen:

7/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SYG 2766

Name of Insured :

GA PHU VENG.

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A. :

19/5/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

NG THINEI FERIN

Driver Tel No. :

(V/L: YES/ NO)

Claim No. :

985044327656

Policy No. :

20012682

Make / Model :

TOYOTA

Place of Accident :

BEDOK RESERVOIR RD

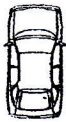
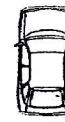
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

YN 5845B

INSRS:
WSP:
Tel :
Liability :
RMKS:VIN's
bro.INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
5/7/18	YN 5845B - REFERRED TO TP UNDER MATRIL/10/18	Non-Reporting ltr (1st):	
	SYG 2766 - CULTIVATED IN TP/BN MATRIL/10/18	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)	
		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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L6	S\$ 2,150.00 (3 days) Reduction:	44 %
FINAL SETTLEMENT	Date/Time: 24/7/19	Confirm with: SUGANJ	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. :	27
Repair Cost:	S\$ 2,150.00		
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 900.00 x 5 days		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$ -		
Disbursement:	S\$ - (e.g. Tow/ Independent)		
Legal Cost	S\$ -		
Total:	S\$ 2,557.45	Global Sum S\$:	-
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 2,557.45	Name 1:	LIO'S BROTHER AUTO ENGINEERING WORKSHOP
Payee 2: (Strike if N.A.)	S\$ -	Name 2:	-
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	-