

15/5/2010

INS. CASE OWNER:

Kian Chuan OC 4 KIM AXA1801 2689, G/HB

LKK:

IDAC:

Surveyor:

XGQ

DOI:

ASSIGNMENT

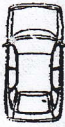
12/07/18

Date / Time :

12/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GW 9965B

Name of Insured :

STS support pu

Insured Tel No. :

6567 4765

HP:

Excess Sec II :S\$

6425 6147

D.O.A. :

12/7/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

S8 m00022 | 56857

Policy No. :

Make / Model :

Place 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

GBH 20114



INSRS:

WSP:

Tel :

Liability :

RMKS:

K Kim
Mm.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBH 20114

GW 9965B - 57/11/2018

Smart claim.

- OMK, sent out 1st letter.

- to clarify on their invoice. BOLA.

12/7/18

VTC

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PRELIMINARY ADVICE Date/Time:		Sent By:		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:	
				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:	
FINALIZATION Date/Time:		Confirm with:		Confirm by:	
Repair Cost: R/P \$5,342.09		(5 days) Reduction: 3248.05 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 23/11/2020		Confirm with MARGARET		Email ☒ Call ☐	
Final Liability: % 100		(Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :	
Repair Cost: \$5,342.09		(W/ST)		COLLECT ROUNDABOUT	
Loss of Rental (LOR): \$540.00		(6 - 7 days) x \$90.00			
Loss of Use (LOU): \$		(\$ x days)			
Loss of Income (LOI): \$		(\$ x days)			
LOR only ☒ LOU only ☐		LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search \$2.00					
Medical: \$					
Disbursement: \$		(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost \$				2) Report Format: TP	
Total: \$7,328.04		Global Sum \$:		3) Survey fee: \$350.00	
FINAL PAYMENT Date/Time:		Confirm with:		Email ☒ Call ☐	
Payee 1: \$7,328.04		Name 1: K.KIM HIN AUTO PTE LTD			
Payee 2: (Strike if N.A.) \$		Name 2:			
Payee 3: (Strike if N.A.) \$		Name 3:			