

INS. CASE OWNER:

SHAWN

CC 6/AIG1801

V870, U667

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

ASSIGNMENT

17/7/08

Date / Time:

17/7/08

Registered in Merimen:

16/7/08

Pre-assign / CCU / FTE



Insured Vehicle No.:

SET 1134

Name of Insured:

FOK WAI LING

Insured Tel No.:

HP:

97201748

Excess Sec II :\$S

D.O.A.:

17/7/08

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

17776989756

Policy No.:

70042717-02

Make / Model:

MERCEDES

Place of Accident:

LAVENDER ST

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

SFS 301K

INSRS:
WSP:
Tel:
Liability:
RMKS:KIM
chweeINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
18/7/08	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	18/07/08 - vic
18/07/08 5:30PM	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:	Send By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L6	\$S 5,000.00	(5 days) Reduction: 67 %
FINAL SETTLEMENT	Date/Time: 07/08/08	Confirm with: SHAWN
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:
Repair Cost: (w/gar)	\$S 6,206.00	
Loss of Rental (LOR):	\$S 600.00	(6 days) x \$100.00
Loss of Use (LOU):	\$S -	(S x days)
Loss of Income (LOI):	\$S -	(S x days)
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]
GIA/LTA Search	\$S 2.00	
Medical:	\$S -	
Disbursement:	\$S -	(e.g. Tow/ Independent)
Legal Cost	\$S -	
Total:	\$S 6,808.00	Global Sum \$S: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 6,808.00	Name 1: KIM CHANSE AUTO REPAIR LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2: -
Payee 3: (Strike if N.A.)	\$S -	Name 3: -

