

15/5/2010

INS. CASE OWNER:

TBE CHOW WAH

CC 4 UP / ATG1801

3207, G^h 3207

LKK:

IDAC:

Surveyor:

YGA

DOI:

ASSIGNMENT

20/7/18

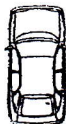
Date / Time:

16/7/18

Registered in Merimen:

20/7/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLF 1A76D

Name of Insured:

UP

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

11/4/18

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age:

MIN KIN WFI

Driver Tel No.:

(V/L: ☒ YES / NO)

Claim No.:

8677206256

Policy No.:

944005050

Make / Model:

HOLDEN

Place of Accident:

KUMMO KRE

OI GIA REPORT:

☒ YES

NO : TP GIA REPORT:

☒ YES

/ NO

Insured Liability:

%

Final ? Yes / No

FBM 5619R



INSRS:

WSP:

Tel:

Liability:

RMKS:

The

Share

96208307



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

20/7/18
pm

FBM 5619R - X

SLF 1A76D - X

O/D - U-TURNING
TP - STRAIGHT.

- MIN 40000

- TP LOD IN BY EMAIL

19-7-19

EMAIL TO AIG FOR INSTRUCTION.

09/09/19

- SEND ACCEPTANCE EMAIL TO TP
- BY IN. AU DOCS IN ORDER.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

JOY 27-7-18

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: ☒ EMAIL

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\$

3,725.00

(5

days) Reduction:

21

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

119

If NO or B 28, Ass. Lia:

(O/D U-TURN)

Repair Cost:

S\$

3,725.00

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

100.00

\$ 20

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\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: ☒ Normal/Reject/Private Settle

2) Report Format:

4820.00

3) Survey fee:

Total:

S\$

3,375.00

Global Sum S\$:

-

Email

Call

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,375.00

Name 1:

THE SINCERE MOTOR REPAIRING PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

Payee 3: (Strike if N.A.)

S\$

-

Name 3: