

15/5/2010

INS. CASE OWNER:

Winnetho

CC 4 ASM 180

13472, 71ha3

LKK:

IDAC:

59311

Surveyor:

MTA

DOI:

ASSIGNMENT

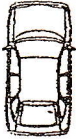
28/7/18

Date / Time:

23/7/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLW 8034L

Name of Insured:

Lim Yeow Sung

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

23/7/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

New Swee Lee

Driver Tel No.:

96526250

(V/L: YES / NO)

Claim No.:

S8morpH2

Policy No.:

VPATP20189332

Make / Model:

T-Mish

Place of Accident:

Sub 2 BKE

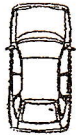
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLC6626



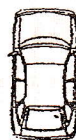
INSRS:

WSP:

Tel:

Liability:

RMKS:

Keehan
Hwa

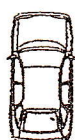
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
28/7	SLC6626 - X; SLW 8034L - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
25/09/18 @ 2:44PM	- spoke to OI. she confirmed accident details in RMR-ENDED TP. INFORMED TP CLAIM, AGREED TO START & AMEND NCB issue. SEND LETTER & EMAIL TO OI.	Call OI:	25/09/18 - HZ
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
07/10/18	- UPDATE IF IN OC.	Authorisation To Act:	
08/10/18	- PAY GIVE WARRANT REPORT TP LOD IN	Release Voucher:	
	- FINISHED	Final Repair Bill:	
	- TP LOD IN BY EMAIL	Car Rental Invoice:	
		Towing Invoice	
		LTA / GLA :	
20/02/19	- SEND ACCEPTANCE EMAIL TO TP.	Medical Bill:	
22/02/19	- BY IN. ALL DOCS IN ORDER.	PIR:	
	- TO close.	Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: 20/7	Post-Repair Photos:	
	Sent By: Jm (HWS).	Others:	
FINALIZATION	Date/Time:	Confirm by:	
Repair Cost: P/P	S\$ 5,602.56 (7 days) Reduction: %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 22/02/19	Confirm with: ADELWE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 5,602.56	COID RMR-ENDED TP)	
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 540.00 (\$ 60 x 9 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00		
Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ -	2) Report Format:	
Legal Cost	S\$ -	3) Survey fee:	\$350.00
Total:	S\$ 6,144.56	Global Sum S\$: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 6,144.56	Name 1: LEE KUAN HWA MOTOR SERVICE	
Payee 2: (Strike if N.A.)	S\$ -	Name 2:	
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	