

15/5/2010

INS. CASE OWNER:

SHARINI

CC 6/III1801

4459, K 6639

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

08/08/18

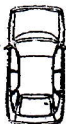
Date / Time:

7/7/18

Registered in Merimen:

1/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHL 8682T

Claim No.:

MCT 18070922

Name of Insured:

LTPU

Policy No.:

MCOM015

Insured Tel No.:

HP:

Make / Model:

MUNDAI

Excess Sec II :\$S

D.O.A.:

70/3/18

Place of Accident:

SLIP RD FROM PHANGOL PO

Is driver the owner?

(YES / NO)

Nature of Accident:

TO PHANGOL FIELD

If NO, Driver Name / Age: LEE YEW LEONH

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

Driver Tel No.:

(VL: YES / NO)

Insured Liability:

% Final? Yes / No

SFC 1122M

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:BH  
AUTOINSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

| Date/ Time                             |               | STAGE                             | DATE / PIC |
|----------------------------------------|---------------|-----------------------------------|------------|
| 6/8/18                                 | SFC 1122M - x | Non-Reporting ltr (1st):          |            |
| 7/8/18                                 |               | Non-Reporting ltr (2nd):          |            |
| 07/08/18                               |               | Non-Reporting ltr (Final):        |            |
|                                        |               | Notification ltr (if non-pickup): |            |
|                                        |               | Call OI:                          |            |
|                                        |               | After call ltr to OI:             |            |
|                                        |               | Documentation Check List: Handler | Typist     |
| 08/08/18                               |               | 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: |               |                                   |            |

|                                                                                |                                                                                      |                          |                                               |                                                                         |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------|-------------------------------------------------------------------------|
| FINALIZATION                                                                   |                                                                                      | Date/Time:               | Confirm with:                                 | Confirm by:                                                             |
| Repair Cost:                                                                   | PIP                                                                                  | \$S 2,456.25 ( 3 days)   | Reduction: 69 %                               | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| FINAL SETTLEMENT                                                               |                                                                                      | Date/Time: 09/11/18      | Confirm with: SHARINI                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                               | %                                                                                    | 100                      | (Agreed / Assessed) BOLA S/N No.:             | 27                                                                      |
| Repair Cost:                                                                   | (w/ass)                                                                              | \$S 2,628.19             | COW KATE-ENDBO TP)                            |                                                                         |
| Loss of Rental (LOR):                                                          | \$S                                                                                  | ( ) days                 |                                               |                                                                         |
| Loss of Use (LOU):                                                             | \$S                                                                                  | 100.00 (\$ 100 x 4 days) |                                               |                                                                         |
| Loss of Income (LOI):                                                          | \$S                                                                                  | ( ) (\$ x days)          |                                               |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                          |                                               |                                                                         |
| GIA/LTA Search                                                                 | \$S                                                                                  | 7.45                     |                                               |                                                                         |
| Medical:                                                                       | \$S                                                                                  | -                        | 1) Claim status: Normal/Reject/Private Settle |                                                                         |
| Disbursement:                                                                  | \$S                                                                                  | -                        | 2) Report Format:                             |                                                                         |
| Legal Cost                                                                     | \$S                                                                                  | -                        | 3) Survey fee: \$350.00                       |                                                                         |
| Total:                                                                         | \$S                                                                                  | 3,035.64                 | Global Sum \$S:                               | -                                                                       |
| FINAL PAYMENT                                                                  |                                                                                      | Date/Time:               | Confirm with:                                 | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                       | \$S                                                                                  | 3,035.64                 | Name 1:                                       | BH AUTO SERVICES PTE LTD                                                |
| Payee 2: (Strike if N.A.)                                                      | \$S                                                                                  | -                        | Name 2:                                       | -                                                                       |
| Payee 3: (Strike if N.A.)                                                      | \$S                                                                                  | -                        | Name 3:                                       | -                                                                       |