

15/5/2010

INS. CASE OWNER:

Lynnthia

CC 4 AXA1801

5 NOV 4, T. 1/16/3

LKK:

IDAC:

Surveyor:

TANUKH

DOI:

ASSIGNMENT

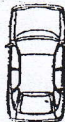
27/10/18

Date / Time:

27/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGK 5371E

Name of Insured:

LIM SIANG CHOW

Insured Tel No.:

HP:

27/10/18

Excess Sec II :S\$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: ONLY FOR WHM.

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

S8M00E1W / 64876

Policy No.:

6A 051022

Make / Model:

TOYOTA

Place of Accident:

UNKNOWN EAST ST 21

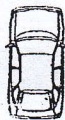
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SET 6403X



INSRS:

WSP:

Tel:

Liability:

RMKS:

LIM SIANG CHOW



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

27/10/18

VIC

SET 6403X - X

SGK 5371E - X

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:

PRELIMINARY ADVICE

Date/Time:

27/10/18

Sent By:

JIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L19

S\$

4,800.00

(6

days) Reduction:

66

%

Email

Call

FINAL SETTLEMENT

Date/Time:

04/12/19

Confirm with

SAKUNTHA

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

4,800.00

Loss of Rental (LOR) (L19)

S\$

1,027.20

(8

days) x 4120

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\$

-

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

S\$

5,827.20

Global Sum S\$:

5,825.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

5,825.00

Name 1:

LIM SIANG CHOW AUTO SERVICE

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-