

15/5/2010

INS. CASE OWNER:

CHIEF HONG

CC 6 /AIG1801

5522, U h6h

LKK:

IDAC:

Surveyor:

MARLUS

DOI:

ASSIGNMENT

27/8/18

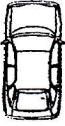
Date / Time:

27/8/18

Registered in Merimen:

27/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKT 26015

Claim No.:

16AAB2362366

Name of Insured:

LEE TEE LEE (U BIKU)

Policy No.:

71041425803

Insured Tel No.:

HP:

Make / Model:

Mazda

Excess Sec II :S\$

D.O.A.:

27/8/18

Place of Accident:

BUKIT TIMAH Rd inst by

Is driver the owner?

(YES / NO)

Nature of Accident:

FIND SUBJECT HERE

If NO, Driver Name / Age:

Driver Tel No.:

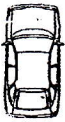
(V/L YES / NO)

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

Insured Liability: %

Final ? Yes / No

EK 33226

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
24/8/18	24/8/18 - LK [1116000957/14235 2000/1/18]	Non-Reporting ltr (1st):	
	SKT26015-4	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	0911919 - UC
		After call ltr to OI:	0911018 - UC
		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:	24/8/18	Sent By:	
FINALIZATION		Date/Time:	18/10/18	Confirm with:	SABON
Repair Cost:	US	\$S	6,800.00	(5 days) Reduction:	65 %
FINAL SETTLEMENT		Date/Time:	18/10/18	Confirm with:	SABON
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	27	
Repair Cost:	(w/loss)	\$S	7,276.00		
Loss of Rental (LOR):	\$S	100.00	(4 days) X \$100		
Loss of Use (LOU):	\$S	-	(\$ x days)		
Loss of Income (LOI):	\$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	7,678.00	Global Sum \$S:	-	
FINAL PAYMENT		Date/Time:	27/8/18	Confirm with:	
Payee 1:	\$S	7,678.00	Name 1:	KIM CHWEE AUTO PTE LTD	
Payee 2: (Strike if N.A.)	\$S	-	Name 2:	-	
Payee 3: (Strike if N.A.)	\$S	-	Name 3:	-	