

15/5/2010

INS. CASE OWNER:

CC

h<sup>UR</sup> / AIG 1801 5825, 12W6h

LKK:

IDAC:

Surveyor:

Tawfik

DOI:

ASSIGNMENT

24/8/18

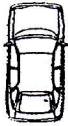
Date / Time:

24/8/18

Registered in Merimen:

20/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLA 6774R

Name of Insured:

UR

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A:

24/8/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

LEE UAN HOE STEVEN

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

690988645056

Policy No.:

944444569

Make / Model:

TOYOTA

Place of Accident:

JUNE MARINE BOULEVARD

OI GIA REPORT: YES / NO

YES

TP GIA REPORT: YES / NO

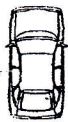
YES

Insured Liability:

%

Final? Yes / No

SKB 10674



INSRS:

WSP:

Tel:

Liability:

RMKS:

SMKT



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

6/9/18  
vivan

SKB 10674 - X

SLA 6774R - 11/11/18 1800 484 (Pmb 34600-11/11/18)

6/9/18

Email letter to O2

02/10/18

TP Accepted W OFFER.  
STAND BY W AG.

08/10/18

RECEIVED POOL. ALL IN ORDER.  
TO CLOSE.

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: (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:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

\$ 5,043.55

(5

days) Reduction:

58

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.: NIL.

If NO or B 28. Ass. Lia:

Repair Cost:

\$ 5043.55

Loss of Rental (LOR):

\$ 1251.90

(10

days) x 125.19

Loss of Use (LOU):

\$ 500

(\$50

x 10 days)

Loss of Income (LOI):

\$

(\$

x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$ 7.00

Medical:

\$

Disbursement:

\$

(e.g. Tow/ Independent)

Legal Cost

\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 320.00

Total:

\$ 6802.45

Global Sum \$:

6,800.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$

6,800.00

Name 1:

SMKT TAXIS PTE LTD

Payee 2: (Strike if N.A.)

\$

Name 2:

Payee 3: (Strike if N.A.)

\$

Name 3: