

INSURANCE OWNER: ALVIN

CC 6, ALG 180 16356, AWA3

LKK:

IDAC:

Serial:

UMP

DOI:

ASSIGNMENT

5/9/18

Date / Time:

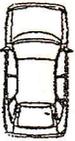
9/9/18

Registered in Merimen:

7/9/18

Pre-assign / CCU / FTE

6B6 97310



Insured Vehicle No.:

QUINTEC TECHNOLOGY P/L

Claim No.:

73022710709

Name of Insured:

Policy No.:

73022710709

Insured Tel No.:

HP: 65467877

Make / Model:

NISSAN CABSTAR

Excess Sec II : \$\$

D.O.A: 29/8/18

Place of Accident:

7 Eunos Link

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Kong Pong Yoke

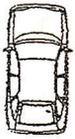
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

47567375 (V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SLH 2306 X



INSRS:

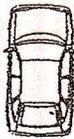
WSP:

Tel:

Liability:

RMKS:

dtwmh



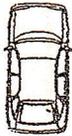
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
<u>11/9</u>	<u>SLH 2306 X-X; 6B6 97310-X</u>	Non-Reporting ltr (1st):	
<u>VIVIAN</u>	<u>FINALISED</u>	Non-Reporting ltr (2nd):	
	<u>ORIGINAL TP LOD IN</u>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
<u>16/10/19</u>	<u>FILE REOPENED. OLD REPAIR-ENDED TP. SEND LETTER TO OI TO NOTIFY TP CALL W NCD 1800RS.</u>	After call ltr to OI:	<u>16/10/19-UK</u>
	<u>SEND 1st OFFER TO TP.</u>	Documentation Check List:	Handler Typist
	<u>TP ACCEPTED OFFER.</u>	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	<u>ALL DOCS IN ORDER.</u>	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<u>TO CLOSE.</u>	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	<u>P/P</u> \$S <u>2,908.92</u> (<u>4</u> days) Reduction: <u>27</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>16/10/19</u>	Confirm with: <u>UKW</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No.:	<u>27</u>	If NO or B 28, Ass. Lia:
Repair Cost:	<u>CW/650</u> \$S <u>3,112.54</u>		<u>COND REPAIR-ENDED TP</u>
Loss of Rental (LOR):	\$S <u>-</u> (<u>-</u> days)		
Loss of Use (LOU):	\$S <u>210.00</u> \$ <u>60</u> x <u>4</u> days)		
Loss of Income (LOI):	\$S <u>-</u> (\$ <u>-</u> x <u>-</u> days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	\$S <u>2.00</u>		
Medical:	\$S <u>-</u>		1) Claim status: <u>Normal</u> /Reject/Private Settle
Disbursement:	\$S <u>-</u> (e.g. Tow/Independent)		2) Report Format:
Legal Cost	\$S <u>-</u>		3) Survey fee: <u>\$320.00</u>
Total:	\$S <u>3,854.54</u> Global Sum \$S: <u>-</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S <u>3,854.54</u> Name 1: <u>ARWIN SERVICE PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S <u>-</u> Name 2: <u>-</u>		
Payee 3: (Strike if N.A.)	\$S <u>-</u> Name 3: <u>-</u>		