

INS. CASE OWNER:

NORRIMAH

CC 4 / MG 180

1702X / K ha3

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

19/9/8

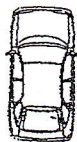
Date / Time:

17/9/8

Registered in Merimen:

18/9/8

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJY 947SD

Name of Insured:

HARTON B. SUNDARA

Insured Tel No.:

HP:

91709839

Excess Sec II :SS

D.O.A.:

14/09/2008

Is driver the owner?

( YES / NO )

Nature of Accident:

Claim No.:

6750627529SG

Policy No.:

210023247

Make / Model:

KIA CERATO

Place of Accident:

JLE EXIT BKE

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

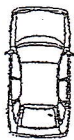
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLN 9802C



INSRS:

WSP:

Tel:

Liability:

RMKS:

BH Auto.



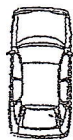
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

21/9/8

SLN 9802C - X; SJY 947SD - 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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: L19

S\$ 2,300.00

( 6 days)

Reduction:

77 %

Confirm by:

Email

Call

FINAL SETTLEMENT

Date/Time:

29/10/8

Confirm with:

SACUIN

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

COI REAR-ENDED TP

Repair Cost: (w/GR)

S\$ 2,461.00

Loss of Rental (LOR) (w/GR)

S\$ 521.00

( 6 days)

x \$80

COPCJ

Loss of Use (LOU):

S\$

-

(\$

x

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

Total:

S\$

2,784.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,784.00

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: