

15/5/2010

INS. CASE OWNER:

SIMMY

CC6 /AIG1801

9856, U hhh

LKK:
IDAC:

Surveyor:

mmrcms

DOI:

ASSIGNMENT

24/10/18

Date / Time:

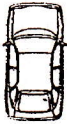
24/10/18

Registered in Merimen:

24/10/18

Pre-assign / CCU / FTE

SGA 8528D



Insured Vehicle No. :

Claim No. :

Name of Insured :

nh no pwn.

Policy No. :

010586863-12

Insured Tel No. :

HP:

Make / Model :

toyota

Excess Sec II :\$S

D.O.A :

24/10/18

Place of Accident :

PIE TMS utamhi

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SGA 8528D



INSRS:

WSP:

Tel :

Liability :

RMKS:

kim chwee



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

20/10/18
vicSGA 8528D ? nh/n(180137777/140124/18/18)
- FINISHED
- ORIGINAL TP LOG IN

22/10/18

- PIR REVIEWED. OI INVOLVED IN A 3
VEHICLE OC & WAS THE 2ND CAR.
GAND LATER TO OI TO NOTIFY TP
CERTAIN & NO ISSUES.- TYPE REPORT FOR WARRANTS.
- REPORT DONE.22/10/18
22/10/18
19/06/19- 9856 WARRANTS TO HIG.
- HIG APPROVED WARRANTS
- GAND 1ST OFFER TO TP.
- TP ACCEPTED OFFER.
- ALL DONE 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: 22/10/18 - vic

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:

Confirm by:

Repair Cost:

P/P

\$S

8,615.60

(5

days)

Reduction:

64

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

SABON

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

28

If NO or B 28, Ass. Lia :

0%

Repair Cost:

(W/GO)

\$S

9,718.69

(3 veh. C.O.; OI 2nd car)

Loss of Rental (LOR):

\$S

540.00

(3

days)

x \$120

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

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$310.00

Total:

\$S

9,760.69

Global Sum \$S:

9,760.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

9,760.00

Name 1:

KIM CHWEE

AUTO

PTE

USD

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

-

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-

-

-