

15/5/2010

INS. CASE OWNER:

JACKIN

CC 3

/AIG18020047/TI

LKK:

IDAC:

Surveyor:

TAUMKHI

DOI:

ASSIGNMENT

09/11/18

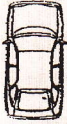
Date / Time:

5/11/18

Registered in Merimen:

5/11/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

EE 1623K

Name of Insured:

PRIVILE PRIVILE WEE MYE

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A:

20/10/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

91056470559

Policy No.:

2100758804

Make / Model:

LAND ROVER.

Place of Accident:

BKT HWY OF WEST AVE 8.

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

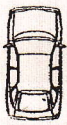
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

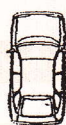
%

Final ? Yes / No

SUE 71415

INSRS:
WSP:
Tel:
Liability:
RMKS:

Premium

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
9/11/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI: 12/11/18 - JAY	
	After call ltr to OI: 26/06/19 - VIC	
13-11-18 @ 938	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:	☐
13-11-18 @ 1138		
13-11-18 @ 225 PM		
26/06/19		
27/06/19		
PRELIMINARY ADVICE	Date/Time:	Sent By:
	CONFIRMED REPORT 9/11/18 NO LOD.	
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: LG	\$S 10,000.00 (7 days) Reduction:	%
FINAL SETTLEMENT	Date/Time: 03/07/19	Confirm with: HARS
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	Email ☒ Call ☐
Repair Cost: (W/last)	\$S 10,700.00	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	\$S - (days)	
Loss of Use (LOU):	\$S 800.00 \$100 x 8 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 11,502.00	Global Sum \$S: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 10,702.00	Name 1: PREMIUM AUTOCARE CENTRE
Payee 2: (Strike if N.A.)	\$S 800.00	Name 2: LYONG JACK
Payee 3: (Strike if N.A.)	\$S -	Name 3: -