

POLICY NUMBER

CC

4/Asm

20682, TI

Qa39

LKK:

IDAC:

81574

ASSIGNMENT

DOI:

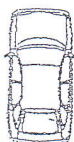
27/11/18

Date / Time:

14/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMC9628K

Name of Insured:

LOW HON YU

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

9-11-18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S8m012VS

Policy No.:

Make / Model:

Place of Accident:

Sanying Hub C/P

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

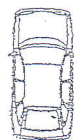
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final? Yes / No

SKC6648X



INSRS:

WSP:

Tel:

Liability:

RMKS:

Au low,
Broke
PML

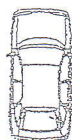
INSRS:

WSP:

Tel:

Liability:

RMKS:



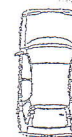
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

11/11/18

SKC6648X - X; SMC9628K - X

14/11

OINP. sent out by letter.

28.11.18 @ 10.30 CALLED OI OVERSEA TONE.

EMAIL WSP LIABILITY CLEAR.

29.11.18 @ 11.30 OI RETURN CALL CONFIRMED ACCIDENT. OI EXITING THE PARKING LOT HIT PARKED TP. INFORM TP CLAIM AGREED TO SETTLE AND AWARE ABOUT NO ISSUE.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

EMAIL 26.12.18

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:

PIR

S\$4,114.02

(3 days)

Reduction:

71

%

Confirm by: MMH

Email

Call

FINAL SETTLEMENT

Date/Time:

14.3.19

Confirm with CARAWA

Email

Call

Final Liability:

% 100

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

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

WILKST

S\$4,400.00

*OI HIT PARKED TP.

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 360.00

(\$120

x 3

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\$ -

(e.g. Tow/Independent)

Legal Cost

S\$ -

Total:

S\$4,764.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

14.3.19

Confirm with: CARAWA

Email

Call

Payee 1:

S\$4,764.00

Name 1:

PERFORMANCE MOTORS

UID

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

350

COPY SENT

14/3/19