

INS. CASE OWNER:

HOO CHH YAN

CC4 / A16 180 2752, 71 ha3

LKK:

IDAC:

Surveyor:

MMH

DOI:

ASSIGNMENT

3/12/18

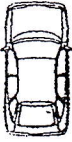
Date / Time:

29/11/2018

Registered in Merimen:

3/12/2018

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKP 3023A

Claim No.:

674227969596

Name of Insured:

Kera Fotohi Andelcani

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

23/11/2018

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

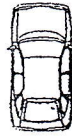
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

PA5662L



INSRS:

WSP: woodlands

Tel:

Liability: Transport Sur

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

6/12
2018

PA5662L - X; SKP 3023A - 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:

204 19-2-19

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: EMAIL

Authorisation To Act: NO RTA

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:

- 100 IN

- FOR LIABILITY REVIEW.

- TP NO EVIDENCE.

- NO FEEDBACK FROM OI TIL DATE.

- SEND 1ST OFFER TO TP

- TP REQUESTED OFFER. SEND 2ND OFFER.

- TP ACCEPTED OFFER.

- ALL DOCS IN ORDER.

18/12/18

01/01/19

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L16

S\$ 3,650.00 (6 days) Reduction: 40 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.: 15

If NO or B 28, Ass. Lia:

OI CHANGED LANE

Repair Cost:

G57

S\$ 3,905.50

Loss of Rental (LOR):

S\$ (days)

Loss of Use (LOU):

S\$ 1,200.00 x 6 days

Loss of Income (LOI):

S\$ (\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$ -

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$ 5,105.00

Global Sum S\$: 5,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 5,000.00

Name 1:

WTS ENGINEERING PTB LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: