

15/5/2010

INS. CASE OWNER:

ACWIN

CC 3 /AIG1802

LKK:

IDAC:

Surveyor:

RACUL

DOI:

ASSIGNMENT

12/12/18

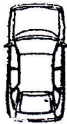
Date / Time:

7/12/18

Registered in Merimen:

7/12/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLU 9292L

Name of Insured:

DEH ENG THAM.

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A.:

9/12/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TAN LAY ENG.

Driver Tel No.:

(V/L YES / NO)

Claim No.:

1565756756

Policy No.:

150032455

Make / Model:

1700EN

Place of Accident:

TAMPINES MTE LO.

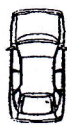
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLS 4011A

INSRS:
WSP:
Tel:
Liability:
RMKS:

performance

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

Date/ Time		STAGE	DATE / PIC
17/12/18	SLS 4011A - x	Non-Reporting ltr (1st):	
10/07/19	SM 9292L - x	Non-Reporting ltr (2nd):	
	PINRUBED	Non-Reporting ltr (Final):	
	ORIGINAL TP LOG IN	Notification ltr (if non-pickup):	
		Call OI:	204-11-12-18
		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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	\$13,408.10	(8 days) Reduction:	38 %
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FINAL SETTLEMENT	Date/Time:	Confirm with:	Email	Call
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	
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Repair Cost:	\$14,346.67		
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Loss of Rental (LOR):	\$	(days)	
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Loss of Use (LOU):	\$1,200.00	(\$120 x 10 days)	2998.00
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Loss of Income (LOI):	\$	(S x days)	
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LOR only	LOU only	LOR + LOU	LOR + LO	[Tick only one]
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GIA/LTA Search	\$2.00		
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Medical:	\$		
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Disbursement:	\$	(e.g. Tow/ Independent)	
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Legal Cost	\$		
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Total:	\$15,548.67	Global Sum \$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email	Call
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Payee 1:	\$14,346.67	Name 1:	PERFORMANCE MOTORS LIMITED
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Payee 2: (Strike if N.A.)	\$1,200.00	Name 2:	NG CHONG SHING JOHNSON
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Payee 3: (Strike if N.A.)	\$	Name 3:	
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