

15/5/2019

INS. CASE OWNER:

CAUHA

CC 3

/AIG1802

2105

LKK:

IDAC:

Surveyor:

Rhm1

DOI:

ASSIGNMENT

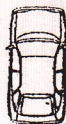
Date / Time:

26/1/18

Registered in Merimen:

26/1/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SUP 26378

Name of Insured:

UM BN CHENG

Insured Tel No.:

HP:

2015987

Excess Sec II :S\$

D.O.A.:

28/1/18

Claim No.:

911777777777

Policy No.:

150001271-01

Make / Model:

NISSAN

Place of Accident:

WATERLOO DR.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

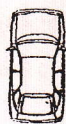
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SMF 451X



INSRS:

WSP:

Tel:

Liability:

RMKS:

VOLKSWAGEN



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
21/1/19	SMF 451X - X	Non-Reporting ltr (1st):	
21/1/19		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	201 91-19
		After call ltr to OI:	
		Documentation Check List: Handler	Typist
9-1-19	OI AGREED & AWARE	Notification ltr (if non-pickup)	☐
	NCD ISSUE	After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
		Car Rental Invoice:	☒
		Towing Invoice	☐
15-4-19	LOD IN. FOR MANDATE	LTA / GIA:	☒
20/06/19	HIS APPROVED MANDATE	Medical Bill:	☐
	SEND ACCEPTANCE OFFER TO TP.	PIR:	☐
	ALL PAGES IN ORDER	Mandate/Reject Instruction:	☒
	TO CLOSE	LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P16	S\$ 12,774.62 (7 days)	Reduction: 21 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/06/19	Confirm with: CHAPMAN	Email ☒ Call ☐
Final Liability:	% 100 (Agreed/ Assessed)	BOLA S/N No.:	NIL
Repair Cost: GST	S\$ 13,026.84		
Loss of Rental (LOR): GST	S\$ 770.40 (9 days)	80 BKW	
Loss of Use (LOU):	S\$ (S x days)		
Loss of Income (LOI):	S\$ (S x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S\$ 2. x		
Medical:	S\$ -		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	
Legal Cost	S\$ -		
Total:	S\$ 13,797.24	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 13,026.84	Name 1:	VOLKSWAGEN CENTRE SINGAPORE
Payee 2: (Strike if N.A.)	S\$ 770.40	Name 2:	BKW POST-4-CAR PTG LTD
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	-

TP STRAIGHT
01 - FR. SIDE ROAD.

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: \$320.00