

15/5/2010

INS. CASE OWNER:

Umtwin

CCN ASM / AXA1900 0132, UH63

LKK:

IDAC:

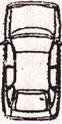
Surveyor: MARCOUS

DOI: ASSIGNMENT 0010119

Date / Time: 3/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.: SGQ 1542Z

Claim No.: 88M018EW / 91W0

Name of Insured: WOO HIN TAB

Policy No.: 64H129051

Insured Tel No.: HP: 96181166

Make / Model: HUNDAI

Excess Sec II :\$\$ D.O.A: 26/1/18

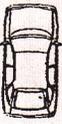
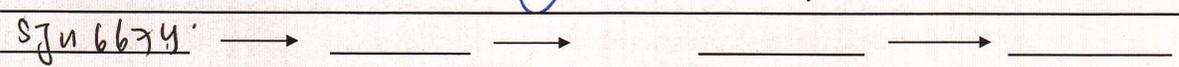
Place of Accident: SINGAPORE TEMPLE MESIA'

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



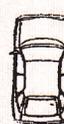
INSRS: WSP: Tel: Liability: RMKS: ckc Fulco



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Table with columns: Date/Time, Description, STAGE, DATE / PIC. Includes entries for 8/1/19, 14/1/19, 20/1/19, and 04/1/19.

PRELIMINARY ADVICE Date/Time: 04/01/19 Sent By: UC

FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: \$2,168.00 (3 days) Reduction: 62%

FINAL SETTLEMENT Date/Time: Confirm with: Email: Cal: Final Liability: % (Agreed / Assessed) BOLA S/N No.: NIL

Repair Cost: \$ Loss of Rental (LOR): \$ Loss of Use (LOU): \$ Loss of Income (LOI): \$

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

GIA/LTA Search: \$ Medical: \$ Disbursement: \$ (e.g. Tow/Independent)

Legal Cost: \$ Total: \$ Global Sum \$:

FINAL PAYMENT Date/Time: Confirm with: Email: Cal:

Payee 1: \$ Name 1: Payee 2: (Strike if N.A.) \$ Name 2: Payee 3: (Strike if N.A.) \$ Name 3: