

15/5/2010

INS. CASE OWNER:

CC 3/EQ11900 0452, Nhb3

LKK:
IDAC:

Surveyor:

NA7

DOI:

ASSIGNMENT

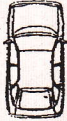
4/1/19

Date / Time :

4/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GN 3439E

Claim No. :

0M19N00075

Name of Insured :

BHW LEE KENNY KUNY TROW A MEE

Policy No. :

0M19N00075

Insured Tel No. :

HP:

Make / Model :

TOYOTA

Excess Sec II : \$\$

D.O.A. :

4/1/19

Place of Accident :

AUREN ST NEAR OPEN CP

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

LIM KUNY SUE

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

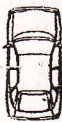
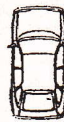
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

% Final ? Yes / No

SH 964XH

INSRS:
WSP:
Tel :
Liability :
RMKS:CMT
WINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
15/1/19	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
02/02/19	After call ltr to OI:	20/02/19 - DIC
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	☐ ☐
	After call ltr to OI:	☒ ☐
	Authorisation To Act:	☒ ☐
	Release Voucher:	NO PV ☐ ☐
	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: 02/01/19 Sent By: BG

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	\$S 781.00	(2 days) Reduction: 29 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	9
Repair Cost: (w/ger)	\$S 835.67		
Loss of Rental (LOR):	\$S 500.76	(4 days) x \$125.19	
Loss of Use (LOU):	\$S 200.00	(\$ 50 x 4 days)	
Loss of Income (LOI):	\$S -	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒		[Tick only one]	
GIA/LTA Search	\$S 7.19		
Medical:	\$S -		
Disbursement:	\$S -	(e.g. Tow/ Independent)	
Legal Cost	\$S -		
Total:	\$S 1,543.92	Global Sum \$S: 1,500.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 1,500.00	Name 1: COMFORTABLE PRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	\$S -	Name 2:	
Payee 3: (Strike if N.A.)	\$S -	Name 3:	