

15/5/2010

INS. CASE OWNER:

SAKHA

CC

6 / ALA 1900 0892, Uwh

LKK:

IDAC:

Surveyor:

Mafous

DOI:

ASSIGNMENT

15/1/19

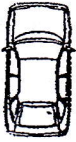
Date / Time:

15/1/19

Registered in Merimen:

15/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMD 7031 P

Name of Insured :

MOW WEE FONG

Insured Tel No. :

HP:

10/1/19

Excess Sec II :SS

D.O.A.:

Claim No. :

76777066154

Policy No. :

1500100001

Make / Model :

ELN

Place of Accident :

HARVEST R.O

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

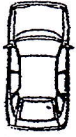
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

GBE 5867H



INSRS:

WSP:

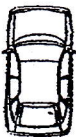
Tel :

Liability :

RMKS:

UUBN

11962



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
n/1/19	GBE 5867H - X	Non-Reporting ltr (1st):	
nc	SMD 7031P - X	Non-Reporting ltr (2nd):	
	TP video uploaded on Merimen.	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
16/4/19		Call OI:	16/4/19 - Khanching
11.15pm	- Spoken to OI. He confirmed the mva. OI	After call ltr to OI:	
- Khanching	had ended TP. Informed OI on TP claim, agreed	Documentation Check List:	Handler Typist
	to settle and aware WCB will be affected.	Notification ltr (if non-pickup)	☐
	Sent letter to OI.	After call ltr to OI:	☒
	- FINALED	Authorisation To Act:	☒
	- ORIG. TP LOB IN	Release Voucher:	☒
20/06/19		Final Repair Bill:	☒
	- SEND ACCEPTANCE LETTER TO TP.	Car Rental Invoice:	☐
	- ALL DOCS IN.	Towing Invoice	☐
	- TO CLOSE.	LTA / GIA :	☒
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☒
		Payment Breakdown Form:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	L6	S\$ 9,800.00 (5 days)	Reduction: 53 %	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time: 21/07/19	Confirm with: SAKHA	Email ☒ Call ☐
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Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	27	If NO or B 28, Ass. Lia :
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Repair Cost:	S\$ 9,800.00			COI REPR - ENDED TP
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Loss of Rental (LOR):	S\$ -	(days)		
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Loss of Use (LOU):	S\$ 400.00	\$ 60 x 7 days		
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Loss of Income (LOI):	S\$ -	(\$ x days)		
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LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
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GIA/LTA Search	S\$ 2.00			
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Medical:	S\$ -			1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$ -	(e.g. Tow/ Independent)		2) Report Format:
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Legal Cost	S\$ -			3) Survey fee: \$ 320.00
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Total:	S\$ 6,222.00	Global Sum S\$:	-	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	S\$ 6,222.00	Name 1:	LIU'S BROTHER AUTO ENGINEERING WORKSHOP
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Payee 2: (Strike if N.A.)	S\$ -	Name 2:	-
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Payee 3: (Strike if N.A.)	S\$ -	Name 3:	-
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