

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1900

LKK:

IDAC:

Surveyor:

KAGUL

DOI:

ASSIGNMENT

11/02/19

Date / Time :

15/1/19

Registered in Merimen:

15/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMG 76727

Name of Insured :

BURKEON BRICKS pte

Insured Tel No. :

HP:

D.O.A :

Excess Sec II :\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Pamy Than Nuan

Driver Tel No. :

(V/L) YES / NO

Claim No. :

50208027264

Policy No. :

1800056920

Make / Model :

Lexus

Place of Accident :

Opine ko Tms Etp

OI GIA REPORT YES / NO ; TP GIA REPORT:

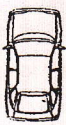
YES / NO

Insured Liability :

%

Final ? Yes / No

SUT 2770



INSRS:

WSP:

Tel :

Liability :

RMKS:

Performance



INSRS:

WSP:

Tel :

Liability :

RMKS:



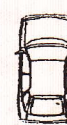
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
27/1/19	SUT 2770-X	Non-Reporting ltr (1st):	
27/1/19	SMG 76727-X	Non-Reporting ltr (2nd):	
27/1/19		Non-Reporting ltr (Final):	
27/1/19		Notification ltr (if non-pickup):	
27/1/19		Call OI:	
27/1/19		After call ltr to OI:	28/01/19 - OIC
27/1/19		Documentation Check List: Handler	Typist
27/1/19		Notification ltr (if non-pickup)	☐
27/1/19		After call ltr to OI:	☒
27/1/19		Authorisation To Act:	☒
27/1/19		Release Voucher:	☒
27/1/19		Final Repair Bill:	☒
27/1/19		Car Rental Invoice:	☐
27/1/19		Towing Invoice	☐
27/1/19		LTA / GIA :	☒
27/1/19		Medical Bill:	☐
27/1/19		PIR:	☐
27/1/19		Mandate/Reject Instruction:	☐
27/1/19		LOD	☒
27/1/19		Payment Breakdown Form:	☐
27/1/19		Post-Repair Photos:	☐
27/1/19		Others:	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:		Post-Repair Photos:			
					Others:			
FINALIZATION		Date/Time:	Confirm with:		Confirm by:			
Repair Cost:	P/P	\$S 3,587.30	(3	days) Reduction:	33	%	Email	Call
FINAL SETTLEMENT		Date/Time:	Confirm with		Email Call			
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia : 0%			
Repair Cost:	Cw/gst	\$S 3,624.84			(3 1st-acc; old 2nd)			
Loss of Rental (LOR):	\$S	-	(		days)			
Loss of Use (LOU):	\$S	180.00	(\$ 60 x 3		days)			
Loss of Income (LOI):	\$S	-	(\$		x			
LOR only LOU only	LOR + LOU LOR + LO	[Tick only one]						
GIA/LTA Search	\$S	7.45						
Medical:	\$S	-	1) Claim status: Normal/Reject/Private Settle					
Disbursement:	\$S	-	2) Report Format:					
Legal Cost	\$S	-	3) Survey fee: \$320.00					
Total:	\$S	3,812.29	Global Sum \$S:		-			
FINAL PAYMENT		Date/Time:	Confirm with:		Email Call			
Payee 1:	\$S	3,632.29	Name 1:	PERFORMANCE MOTORS LIMITED				
Payee 2: (Strike if N.A.)	\$S	180.00	Name 2:	DAS ANIRUDDHA				
Payee 3: (Strike if N.A.)	\$S	-	Name 3:	-				