

15/5/2010

INS. CASE OWNER:

Stacy

CC 4/AXA1900

1701, 47663

LKK:

IDAC:

Surveyor:

Kulwin

DOI:

ASSIGNMENT

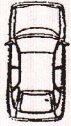
27/1/19

Date / Time :

27/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKR 50566

Name of Insured :

WY VAN KIM

Insured Tel No. :

HP:

Excess Sec II :\$S

D.O.A :

18/1/19

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

WY SIA SIONA

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

S9M01B44 94001

Policy No. :

G0010549

Make / Model :

M6 R4000

Place of Accident :

77 BT TUMAH RD

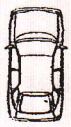
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SKR 3067C



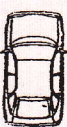
INSRS:

WSP:

Tel :

Liability :

RMKS:

WSP
m

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

27/1/19
1:34PMSKR 3067C - WSP 18/1/19 5:11/18
SKR 50566 - xS9M01B44 94001
- FINANCIAL
- ORIGINAL TP LOD IN.19/03/19
1:34PM- PROKE TO OUI. OI WAS WIFE. HE
CONFIRMED ACCIDENT DETAILS IN
KORE-OWDOP TP. INFORMED TP
CLAIM, AGREE TO OFFER IN AUSTRE
NCD REVIEW. GROUP LETTER IN BUILT
TO OI.
- UPLD IA IN GC30/04/19
07/05/19- SEND 1ST OFFER TO TP.
- RECEIVED DI. TP ACCEPTED OFFER.
- ALL DOCS IN ORDER.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$

1215.93

(2 days)

Reduction:

18

%

Email

Call

FINAL SETTLEMENT

Date/Time:

30/04/19

Confirm with

WILLIAM

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost (W/GST)

S\$

1,301.05

Loss of Rental (LOR):

S\$

505.88

(1 days)

X \$126.47

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 + LO

[Tick only one]

GIA/LTA Search

S\$

7.49

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

S\$

2,014.42

Global Sum S\$:

2,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,000.00

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:

-