

15/5/2010

INS. CASE OWNER:

LEE HING YAO

CC 4 / AIG1900

442, 1/1/19

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

Milton

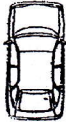
Date / Time:

11/1/19

Registered in Merimen:

11/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SUH 99-90

Name of Insured:

TAN YI HO YI

Insured Tel No.:

HP:

14/1/19

Excess Sec II : \$:

D.O.A.:

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age: LU YONG HUI

Driver Tel No.:

(V/L: ☒ YES / NO)

Claim No.:

9778826756

Policy No.:

700490084-02

Make / Model:

LUXGEN

Place of Accident:

AYE TMS KEEPER RD

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

Insured Liability:

%

Final ? Yes / No

SR 44517



INSRS:

WSP:

Tel:

Liability:

RMKS:

AH
NM

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
30/1/19	SR 44517 - x	Non-Reporting ltr (1st):	
27/1/19	TP VIDEO DOWNLOADED IN MERIMEN	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	29-1-19 - JOT
07/08/19	FILE RECEIVED. OLD PAK-ENDED TP. ON 29.01.19, OLD CAUSED IN. OI WAS HIS WIFE. CONFIRMED ACCIDENT DAMAGE 4 PAK-ENDED TP. EMAIL WAS SENT OUT TO OI.	Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	EMAIL ☒
		Authorisation to Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
		Car Rental Invoice:	☒
		Towing Invoice:	☐
07/08/19	SEND ACCEPTANCE EMAIL TO TP. RECEIVED FROM. ALL IN ORDER. TO CLOSE.	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:
Repair Cost:	LG	\$S 2,750.00	(4 days) Reduction: 40 %
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:		% 100	(Agreed / Assessed) BOLA S/N No. : 27
Repair Cost:	(WLGOT)	\$S 2,942.50	
Loss of Rental (LOR):		\$S 100.00	(4 days) x 4100.00
Loss of Use (LOU):		\$S -	(\$ x days)
Loss of Income (LOI):		\$S -	(\$ x days)
LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]
GIA/LTA Search		\$S 2.00	
Medical:		\$S -	
Disbursement:		\$S -	(e.g. Tow/ Independent)
Legal Cost		\$S -	
Total:		\$S 3,344.50	Global Sum \$S: -
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:		\$S 3,344.50	Name 1: AH LIM MOTOR COMPANY
Payee 2: (Strike if N.A.)		\$S -	Name 2: -
Payee 3: (Strike if N.A.)		\$S -	Name 3: -