

15/5/2010

INS. CASE OWNER:

CC 6 / CTI1900

1565, A H 6352

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

M/H

Date / Time:

21/1/19

Registered in Merimen:

M/H

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKW 61027

Name of Insured:

LEE SIEM BOON ALEXIS

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

18/1/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: WEE BINH RU.

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

DMP1513057246808

BMW

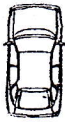
PTE

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

Insured Liability: %

Final ? Yes / No

SUX 2401T



INSRS:

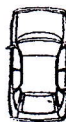
WSP:

Tel:

Liability:

RMKS:

XIN HUA



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SUX 2401T	Non-Reporting ltr (1st):	
	SKW 61027	Non-Reporting ltr (2nd):	
	FINALED	Non-Reporting ltr (Final):	
	TP LOD IN BY EMAIL	Notification ltr (if non-pickup):	
		Call OI:	
06/09/19	FILE RECEIVED. OIP RATE - ENDED TP. SEND LETTER TO BULAL TO OI TO NOTIFY TP CLAIM IN NCB 189085	After call ltr to OI:	06/09/19 - VIC
		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: 06/09/19 Sent By: VIC			

FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	P/P	S\$ 4,952.90 (5 days)	Reduction: 58 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	%	100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	4,952.90	(OLD RATE - ENDED TP)	
Loss of Rental (LOR) (W/LOR)	S\$	642.00 (6 days) x \$100		
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\$	7.45		
Medical:	S\$	—	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	— (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$	—	3) Survey fee: \$400.00	
Total:	S\$	5,602.35	Global Sum S\$:	5,600.00
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$	5,600.00	Name 1:	XIN HUA WORKSHOP PTE LTD
Payee 2: (Strike if N.A.)	S\$	—	Name 2:	—
Payee 3: (Strike if N.A.)	S\$	—	Name 3:	—