

15/5/2010

INS. CASE OWNER:

Minwe

CC 4 km TAXA1900

2125, K 263

LKK: IDAC:

Surveyor:

KSL

DOI:

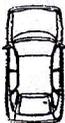
ASSIGNMENT 1/2/19

Date / Time:

1/2/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMG 1175 G

Name of Insured:

TAN KHIE KONG

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

21/1/19

Is driver the owner? ( YES / NO )

Nature of Accident:

Claim No.:

GAMOLCT / 96592

Policy No.:

UPA / PMX120

Make / Model:

Subaru

Place of Accident:

WOODLAND LAUSEWAY TO B

If NO, Driver Name / Age:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

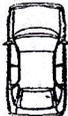
Final ? Yes / No

SDJ 9705R

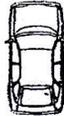


INSRS: WSP: Tel: Liability: RMKS:

Supreme



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Date / Time	STAGE	DATE / PIC
SDJ 9705R	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	15/01/2020 - vic
	Documentation Check List:	Handler Typist
15/01/2020	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by: Email Call

Repair Cost: 46 S\$ 2,000.00 ( 6 days) Reduction: 64 % Email Call

FINAL SETTLEMENT Date/Time: 21/03/2020 Confirm with: CHOW KHONG Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 15 If NO or B 28, Ass. Lia: COI CHANGED NAME

Repair Cost: S\$ 2,000.00

Loss of Rental (LOR): S\$ - ( days)

Loss of Use (LOU): S\$ 600.00 x 10 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\$ 2,602.00 Global Sum S\$: 2,600.00

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 2,600.00 Name 1: SUPREME AUTO SERVICE PTE LTD

Payee 2: (Strike if N.A.) S\$ = Name 2: =