

15/5/2010

INS. CASE OWNER:

SAUNA

CC 4/AIG1900

2620, A 103

LKK:

IDAC:

Surveyor:

B/lim

DOI:

ASSIGNMENT

16/7/11

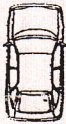
Date / Time :

17/7/11

Registered in Merimen:

17/7/11

Pre-assign / CCU / FTE



Insured Vehicle No. :

SGX 3434C

Claim No. :

09222702859

Name of Insured :

GN LHMNG LNH

Policy No. :

200509879-01

Insured Tel No. :

HP:

Make / Model :

MAREX

Excess Sec II :\$S

D.O.A :

18/1/11

Place of Accident :

26 KUANNG AVE

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

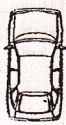
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SFZ 977



INSRS:

WSP:

Tel :

Liability :

RMKS:

BW workshop



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SFZ 977-x		
	SGX 3434C-x		
	TP 1000 IN. V / 10/01/09 977 - UNLOCKED IN WORKSHOP	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
22/02/11 @ 9:55AM	- SPOKE TO OI. OI WAS HAD HUSBAND. SHE CONFIRMED ACCIDENT DETAILS & WAS MOVING OUT FROM C/P LOT. INFORMED TP CLERK, AGREED TO OFFICE & AWAITS NCD ISSUE. SEND LETTER & EMAIL TO OI.	Call OI:	22/02/11 - vic
	- EMAIL LIABILITY CLERK.	After call ltr to OI:	
	- TP LOD IN BY EMAIL	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:	☐
20/06/11	- SEND ACCEPTANCE EMAIL TO TP.	Towing Invoice	☐
	- IN IN. ALL DONE IN ORDER.	LTA / GIA :	☒
	- TO CLOSE.	Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Post-Repair Photos:	☐
	Sent By:	Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: PIP	\$S 3,347.84 (4 days)	Reduction: 47 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. :	24
Repair Cost: (W/LOD)	\$S 3,655.69		COLO MOVING OUT
Loss of Rental (LOR):	\$S - (days)		
Loss of Use (LOU):	\$S 200.00 x 4 days		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐			[Tick only one]
GIA/LTA Search	\$S 7.45		
Medical:	\$S -		
Disbursement:	\$S - (e.g. Tow/ Independent)		
Legal Cost	\$S -		
Total:	\$S 3,843.14	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 3,843.14	Name 1:	BW WORKSHOP SERVICES PTE LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: 4320.00