

15/5/2019

INS. CASE OWNER:

KC

CC Y KSM
AXA1900

Y661, P2163

LKK:

IDAC:

Surveyor:

Falin.

DOI:

ASSIGNMENT

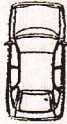
12/12/19

Date / Time:

12/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLW 21H

Claim No.:

89m1100A / 98725

Name of Insured:

AW YONH WONGHET

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

11/2/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

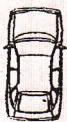
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHA 6407X

INSRS:
WSP:
Tel:
Liability:
RMKS:WBE
WINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	12/02/19
	Non-Reporting ltr (2nd):	19/03/19 - vic
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	12/03/19 - vic
	After call ltr to OI:	10/05/19 - 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:	DE FORM ☒ ☐

PRELIMINARY ADVICE	Date/Time:	19/03/19	Sent By:	vic
FINALIZATION	Date/Time:		Confirm with:	
Repair Cost:	LG	SS 880.00	(1 days) Reduction:	41 %
FINAL SETTLEMENT	Date/Time:	12/03/19	Confirm with:	WONGHET
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	NIL
Repair Cost:	(W/GST)	SS 888.50		
Loss of Rental (LOR):	SS	245.63	(2.5 days) x \$ 98.25	
Loss of Use (LOU):	SS	125.00	(\$ 50 x 2.5 days)	
Loss of Income (LOI):	SS	-	(\$ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☒	[Tick only one]		
GIA/LTA Search	SS	7.49		
Medical:	SS	-		
Disbursement:	SS	-	(e.g. Tow/ Independent)	
Legal Cost	SS	-		
Total:	SS	968.62	Global Sum SS:	960.00
FINAL PAYMENT	Date/Time:		Confirm with:	
Payee 1:	SS	960.00	Name 1:	COMFORTHERO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	SS	-	Name 2:	-
Payee 3: (Strike if N.A.)	SS	-	Name 3:	-