

15/5/2010

INS. CASE OWNER:

Chee Henry  
HJ.

CC 3 / AIG1900 2897, J 463

LKK:  
IDAC:

Surveyor:

DOI:

ASSIGNMENT  
17/2/19

Date / Time:

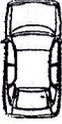
12/1/19

Registered in Merimen:

15/1/19

Pre-assign / CCU / FTE

SJB 300E



Insured Vehicle No. :

SEAN CHEUNG CHEUNG

Claim No. :

01168324656

Name of Insured :

Policy No. :

180116955

Insured Tel No. :

HP:

Make / Model :

MERCEDES

Excess Sec II : \$\$

D.O.A :

11/2/19

Place of Accident :

TUNDS ANNE TOWN

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

SMB WIP



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

SMBT



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	20/08/19 - VC
	Documentation Check List: Handler Typist	
	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 checked="" 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 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: 18/2/2019 Sent By: LSP

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: PIP \$S 1,882.96 ( 2 days) Reduction: 65 % Email  Call

FINAL SETTLEMENT Date/Time: 02/09/19 Confirm with: LSP GSK Email  Call

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

Repair Cost: \$S 1,882.96 COLD HIT TP SIDE WIRROK TP VIDEO IN

Loss of Rental (LOR): \$S 341.88 ( 3 days) x \$113.96

Loss of Use (LOU): \$S ( \$ x days)

Loss of Income (LOI): \$S 150.00 (\$50 x 3 days)

LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]

GIA/LTA Search \$S 7.00

Medical: \$S

Disbursement: \$S (e.g. Tow/ Independent)

Legal Cost \$S

Total: \$S 2,381.84 Global Sum \$S: 2,380.00

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: \$S 2,380.00 Name 1: SURET TAXIS PTE LTD

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

Payee 3: (Strike if N.A.) \$S - Name 3: -