

15/5/2019

INS. CASE OWNER:

JIMMY TOO

CC 6/AIG1900

3996, 11/11/19

LKK:

IDAC:

Surveyor:

mhrms

DOI:

ASSIGNMENT

5/7/19

Date / Time :

4/7/19

Registered in Merimen:

4/7/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKS 5615

Claim No. :

35903782456

Name of Insured :

UM UM HENTY

Policy No. :

1800019681

Insured Tel No. :

HP:

Make / Model :

Toyota

Excess Sec II :S\$

D.O.A :

m/11/18

Place of Accident :

MYE

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

YP 46577



INSRS:

WSP:

Tel :

Liability :

RMKS:

Lin's
bro

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

YP 46577 - X SKS 5615 - Y

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:

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

45

S\$

1,000.00

(2 days) Reduction:

30

%

Confirm by:

Email

Call

FINAL SETTLEMENT

Date/Time:

17/10/20

Confirm with

LWYAN

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. :

15

Repair Cost:

S\$

1,000.00

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

240.00 (\$120 x 2 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/JTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

If NO or B 23, Ass. Lia :

COI CHANGED (ANS)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$720.00

Total:

S\$

1,242.00

Global Sum S\$:

1,240.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,240.00

Name 1:

LUI'S BROTHER AUTO ENGINEERING WORKSHOP

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-