

15/5/2010

INS. CASE OWNER:

Kim Meng

CC 3 /AIG1900

Y 207, J #63

LKK:

IDAC:

Surveyor:

H.J

DOI:

ASSIGNMENT

6/2/14

Date / Time:

6/2/14

Registered in Merimen:

2/2/14

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLZ 3216X

Claim No. :

61740717654

Name of Insured :

ONG BOON LEONG

Policy No. :

180046915

Insured Tel No. :

HP:

Make / Model :

NISSAN

Excess Sec II :\$

D.O.A. :

1/2/14

Place of Accident :

WOODBOND ST 3 JUNE

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 : %

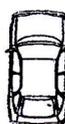
Final ? Yes / No

SG 1761T

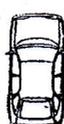


INSRS:
WSP:
Tel:
Liability:
RMKS:

SMRT



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
4/4/14	no body pick-up	
	BOLA 1, 100% OZ come out from slip road and collided with TP who is moving straight along main road. Send letter to OI	
	FINALED TP LOD IN BY EMAIL	
03/09/14	SEND ACCEPTANCE BULK TO TP. RECEIVED W/ 4 ATX. REL DOC IN ORDRE. TO CLOSE.	
	After point photo	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$ 976.00	2 days) Reduction: 26 %	Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 1	
Repair Cost:	\$ 976.00		
Loss of Rental (LOR):	\$ -	(days)	
Loss of Use (LOU):	\$ 500.00	(\$ 250 x 2 days)	
Loss of Income (LOI):	\$ -	(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$ 7.00		
Medical:	\$ -		
Disbursement:	\$ -	(e.g. Tow/ Independent)	
Legal Cost	\$ -		
1) Claim status:	Normal/Reject/Private Settle		
2) Report Format:			
3) Survey fee:	\$ 4320.00		

Total:	\$ 1,533.00	Global Sum \$:	-
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FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$ 1,533.00	Name 1:	SMRT BUOBS LTD
Payee 2: (Strike if N.A.)	\$ -	Name 2:	-
Payee 3: (Strike if N.A.)	\$ -	Name 3:	-