

15/5/2010

INS. CASE OWNER:

Wing Peter

CC 4, Asm 1900 4389, Uba3

LKK:

IDAC:

103356

ASSIGNMENT

Surveyor:

M. Krens

DOI:

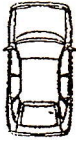
12/3/2019

Date / Time:

11/3/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDJ 2860 X

Claim No.:

59m 01 61W

Name of Insured:

Tan Mei Ling Julie

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

10/3/2019

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

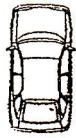
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SKV 7862 L



INSRS:

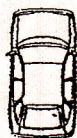
WSP:

Tel:

Liability:

RMKS:

Hockwan



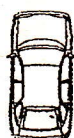
INSRS:

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:

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:

SKV 7862L - X;

SDJ 2860X - N/A (M1800) 3986 / W4 : 004: 28/2/18

OI REVERSED & HIT TP.

Called OI many times but no answer.
 Proceed to and letter first.
 LAMPERS APPROVED
 TP ACCEPTED OFFER.
 All docs in order
 to close.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: LG

S\$ 8,150.00 (7 days) Reduction: 56 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.: 22

If NO or B 28, Ass. Lia:

Repair Cost: (w/acc)

S\$ 8,284.18

OOI HIT PROCEED TP)

Loss of Rental (LOR):

S\$ 800.00 (8 days) x \$100.00

Loss of Use (LOU):

S\$ - (\$ x days)

Loss of Income (LOI):

S\$ - (\$ x days)

LOR only ☒ LOU only ☐LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

\$ 350.00

Total:

S\$ 9,086.18

Global Sum S\$: 9,086.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 9,086.00

Name 1:

HOCK WKH MOTOR WORKSHOP PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-