

15/5/2010

INS. CASE OWNER:

CC } CTI1900

4960, F1hb3

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

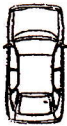
18/7/19

Date / Time:

18/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKG 4292E

Claim No.:

SUN 190202450212

Name of Insured:

TOMY KAM SKEUNG FM

Policy No.:

DMPLGN 220241906

Insured Tel No.:

HP:

Make / Model:

BMW

Excess Sec II :S\$

D.O.A.:

15/7/19

Place of Accident:

UPP SEKUNGOON RD.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: CHAN WING

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SKG 68274



INSRS:

WSP:

Tel:

Liability:

RMKS:

WBE
W

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHD 68777-4	OK 4275 X	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:	08/05/19 - 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:	☐ ☐

SPOKE TO OUI. OI IS HUSBAND. SHE CONFIRMED ACCIDENT DETAILS AND SHE KATE-BUND TP. INFORMED TP CATION, AGREED TO GETTING 4 ADVICE NCP ISSUED. OUIB WORK 4 CATCH TO OI. MINUTED. ORIGINAL TP LOD IN OUIB SET OFFER TO TP. RECEIVED DV. TP ACCEPTED OFFER. ALL DOCS IN ORDER. TO CLOSE.		Date/Time: 19/05/19	Sent By: 63
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PRELIMINARY ADVICE Date/Time: 19/05/19

Sent By: K3

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L16

S\$

1,100.00

(2 days) Reduction:

30

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

08/05/19

Confirm with:

WILLIAM

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

(w/loss)

S\$

1,177.00

Loss of Rental (LOR):

S\$

394.35

(3.5 days)

x \$112.67

Loss of Use (LOU):

S\$

175.00

x 3.5 days

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LO ☒

[Tick only one]

GIA/LTA Search

S\$

749

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$400.00

Total:

S\$

1,753.84

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

1,750.00

Name 1:

COMFORTABLE

ENALISSENG

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-