

15/5/2010

INS. CASE OWNER:

Peter

CCP / AXA1900

5053, 1003.

LKK:

IDAC:

Surveyor:

Steve

DOI:

ASSIGNMENT

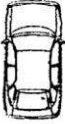
22/5/19

Date / Time:

20/7/14.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDB 74272

Name of Insured:

HUA CHIN SOON

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

18/7/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SAMOLETHM / 105207

Policy No.:

VAT / 6M10383

Make / Model:

BMW

Place of Accident:

34 WK 20 Geylang

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

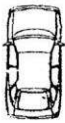
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLM 1435L

INSRS:
WSP:
Tel:
Liability:
RMKS:Tan
ChengINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

Sun 14/5/14

SDB 74272

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:

Confirm by:

Repair Cost:

SS

6662.47

(7 days) Reduction:

%

Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time:

8/6/2020

Confirm with:

Li Ting

Email ☒ Call ☐

Final Liability:

%

100

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

Nil

If NO for B 28, Ass. Lia:

Repair Cost:

SS

7128.84

Loss of Rental (LOR):

SS

-

(S x 7 days)

Loss of Use (LOU):

SS

350.00

(S x 7 days)

Loss of Income (LOI):

SS

-

(S x 7 days)

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

[Tick only one]

GIA/LTA Search

SS

2.00

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

Total:

SS

7480.84

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1:

SS

7480.84

Name 1:

Tan Cheng Motor Sales Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

