

15/5/2010

INS. CASE OWNER:

SALHA

CC

/AIG1900

5147, Vb 63

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

ASSIGNMENT  
21/08/19

Date / Time :

21/8/19

Registered in Merimen:

21/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SUH 22412

Claim No. :

620006749454

Name of Insured :

Jeffrey Tan Bin Nai

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

16/8/19

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L YES / NO)

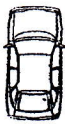
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

GAB 9371K



INSRS:

WSP:

Tel :

Liability :

RMKS:

Hock  
Wah

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GAB 9371K - 4

SUBMITTING - 4

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:

19/08/19 - uc

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:

16/14  
10/05NO 01/11/19, GENT OUT 21/11/19  
1st AR -> \$2.54  
OI GIA Report In H2R BOLA 27.

MINALISED

TP LOD IN BY EMAIL

25/02/2020

SEND ACCEPTANCE EMAIL TO TP  
DV IN. ALL DOCS IN ORDER  
TO CLOSE.

PRELIMINARY ADVICE

Date/Time:

Sent By:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

L6

\$S 2,250.50

4

days)

Reduction:

51

%

Email

Call

FINAL SETTLEMENT

Date/Time:

26/02/20

Confirm with

ANYSIA

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

COLD REPAIR - ENDED TP

Repair Cost: (w/gst)

S\$

2,407.50

Loss of Rental (LOR):

S\$

400.00

( 4

days)

x \$100

Loss of Use (LOU):

S\$

-

(S

x

days)

Loss of Income (LOI):

S\$

-

(S

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent )

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$250.00

Total:

S\$

2,809.50

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,809.50

Name 1:

HOCK WAH MOTOR WORKSHOP PTB LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-