

15/5/2010

INS. CASE OWNER:

SAUHA

CC 3 / AIG1900

6168, RIN: 239

LKK: IDAC:

Surveyor:

TRAVUL

DOI:

ASSIGNMENT

22105119

Date / Time:

8/4/19

Registered in Merimen:

8/4/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFE 2221

Claim No.:

0457455456

Name of Insured:

OMI INH KHEM DIANA

Policy No.:

7006955

Insured Tel No.:

HP:

Make / Model:

VOLVO

Excess Sec II :\$S

D.O.A.:

2/4/19

Place of Accident:

76W NAGH SAKI

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

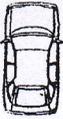
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SKP 64014



INSRS: WSP: Tel: Liability: RMKS:

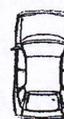
Performance



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/Time		STAGE	DATE / PIC
28/4/19 @ 5:10 pm	Spoken to OI. She confirmed the mva. or whilst reverse had collide into TP. Informed OI on TP claim, agreed to settle and aware NCD will be affected. OI informed that TP vehicle damage is very minimal.	Non-Reporting ltr (1st):	
Khanchud		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	28/4/19 - Khanchud
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$110 S\$ 6,861.20 (4) days) Reduction: 22 % Email Call

FINAL SETTLEMENT Date/Time: 24/07/19 Confirm with: CAROLINE Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 23

Repair Cost: (w/acc) S\$ 7,341.48

Loss of Rental (LOR) (w/acc) S\$ 342.40 / 4 days X \$80.00

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\$ -

Total: S\$ 7,685.88 Global Sum S\$: -

If NO or B 28, Ass. Lia: (OI HIT PARKED TP)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$220.00

COPY SENT

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 7,341.48 Name 1: PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.) S\$ 342.40 Name 2: BKW RENT A CAR PTE LTD

Payee 3: (Strike if N.A.) S\$ - Name 3: -