

15/5/2010

INS. CASE OWNER:

SAUHA

CC 3 /AIG1900

6168, RIN 23

LKK:

IDAC:

Surveyor:

TRAVOL

DOI:

ASSIGNMENT

22/05/19

Date / Time :

8/4/19

Registered in Merimen:

8/4/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFE 22MT

Claim No. :

0457455456

Name of Insured :

OMY INY KHEMY DIANA

Policy No. :

700069555

Insured Tel No. :

HP:

7/4/19

Make / Model :

VOLVO

Excess Sec II :\$\$

D.O.A :

Place of Accident :

76W NLAGA 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



INRS: WSP: Tel: Liability: RMKS:

Performance



INRS: WSP: Tel: Liability: RMKS:



INRS: WSP: Tel: Liability: RMKS:



INRS: WSP: Tel: Liability: RMKS:

Date/ Time		STAGE	DATE / PIC
28/4/19 @ 5:10 pm	SKP 64014 - X	Non-Reporting ltr (1st):	
Khanchud	SFE 22MT - X	Non-Reporting ltr (2nd):	
	- Spoken to OI. She confirmed the mva. OI 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 (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 checked="" type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$1P S\$ 6,861.20 ( 5 days) Reduction: 22 % Email  Call

FINAL SETTLEMENT Date/Time: 24/05/19 Confirm with CAROLINE Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23 If NO or B 28, Ass. Lia :

Repair Cost: (w/acc) S\$ 7,341.48 (OI HIT PARKED TP)

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\$: -

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: S\$ 7,343.48 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: -