

INS. CASE OWNER: LEE HING YAO

CC 3 / M9 1900 6955 / T1h b3

LKK:

IDAC:

Surveyor:

TAUWKH

DOI:

ASSIGNMENT08/05/19

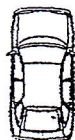
Date / Time:

18/4/19

Registered in Merimen:

18/4/19

Pre-assign / CCU / FTE

SJZ 777P

Insured Vehicle No.:

Name of Insured:

SJZT BIR HJ YASIN

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

18/4/19

Claim No.:

02477

Policy No.:

700448216-03

Make / Model:

BMW

Place of Accident:

LYB - RFE

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

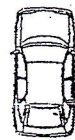
(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SLU 1411M

INSRS:

WSP:

Tel:

Liability:

RMKS:

Performance

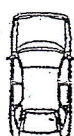
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLU 1411M - XSJZ 777P - CC6/AG14003853 / T1pa342 - DPA 18/02/14- CC6/AG18008247 / A2392 - DPA 29/04/2018- NA/ING16022524 / M4 - DPA 25/11/2016

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:

28/4/19 @ 5.02pm
- Khondhna- Spoken to OI. He confirmed the mva. OI whilst changed lane had rear ended TP. Informed OI on TP claim, agreed to settle and aware NCD will be affected. OI informed that TP veh damage is minimal.08/05/19- BUAL LIABILITY CLARE- FINISHED- ORIGINAL TP LOD IN24/05/19- SEND 1st OFFER TO TP.- TP RESPONDED. INSURED ON 4800PM.11/09/19- SEND ACCEPTANCE BUAL TO TP.- ALL DOCS IN ORDER.- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P1PS\$ 3,043.50 (3 days) Reduction: 40 %Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

S\$ 100 (Agreed / Assessed) BOLA S/N No.: 27

If NO or B 28, Ass. Lia:

Repair Cost: (W/GAR)S\$ 3,256.55(OI RFRP - BUNDLED TP)

Loss of Rental (LOR):

S\$ - (- days)

Loss of Use (LOU):

S\$ 240.00 (\$ 80 x 3 days)

Loss of Income (LOI):

S\$ - (\$ - x - days)LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$ -1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

\$320.00

Total:

S\$ 3,498.55Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 3,256.55

Name 1:

PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.)

S\$ 240.00

Name 2:

KOH CHIEF KONG CXU ZHIQIANG

Payee 3: (Strike if N.A.)

S\$ -

Name 3: