

15/5/2010

INS. CASE OWNER:

KIAN HONG

CC 3/AIG1900

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT  
23/04/19

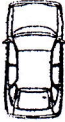
Date / Time:

11/4/19

Registered in Merimen:

11/4/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMH 25175

Claim No.:

128051758366

Name of Insured:

MARIE MARKETING PTE

Policy No.:

999994412

Insured Tel No.:

HP:

Make / Model:

HONDA

Excess Sec II :\$S

D.O.A.:

12/4/19

Place of Accident:

ESPLANADE ME

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

WIK NADIA NATASHA 27 MAR 2000

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

Driver Tel No.:

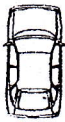
(V/L: YES / NO )

Insured Liability:

%

Final ? Yes / No

SLW 4627



INSRS:

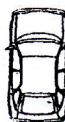
WSP:

Tel:

Liability:

RMKS:

premium



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLW 4627 24/04/19 19:00 9/10/2019 12/4/19  
SMH 25175 12/4/19

TO FINANCE COR

HEAD-TO-REAR.

19/6/19

Called OI to inform TP claim

MINUSSED.

ORIGINAL TP LOD IN

24/07/19

SEND 1st OFFER TO TP

05/08/19

TP ACCEPTED OFFER. ALL DONE IN ORDER. TO CLOSE.

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: 12/4/19 19:00 9/10/2019 12/4/19

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: P/P

SS 3,129.20 ( 3 days) Reduction: 47 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 05/08/19

Confirm with:

KEVIN

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.: 27-

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss)

SS 3,348.24

(OLD RATE-PAID TP)

Loss of Rental (LOR):

SS ( days)

Loss of Use (LOU):

SS 200.00 x 4 days

Loss of Income (LOI):

SS (S x days)

LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

SS 7.45

Medical:

SS -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

SS -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

SS -

3) Survey fee:

\$320.00

Total:

SS 3,555.69

Global Sum \$S:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS 3,555.69

Name 1:

PREMIUM AUTOMOBILES PTE LTD

Payee 2: (Strike if N.A.)

SS 200.00

Name 2:

SIM BE LIN

Payee 3: (Strike if N.A.)

SS -

Name 3:

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