

INS. CASE OWNER: LOH CHIE HONGCC 4, 16 1900 7299, Bha3

LKK:

IDAC:

Surveyor:

Mr. Lim

DOI:

ASSIGNMENT

16/4/19

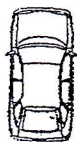
Date / Time:

16/4/19

Registered in Merimen:

73/4/19

Pre-assign / CCU / FTE

SMD 7116

Insured Vehicle No.:

Name of Insured:

KOH KYUN KIM

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

14/4/19

Claim No.:

67227664606G

Policy No.:

Make / Model:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

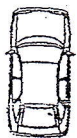
(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SMD 335TSUJ 1150ZSMD 7116SJJ 9152P → SL1303Y

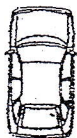
INSRS:

WSP:

Tel:

Liability:

RMKS:



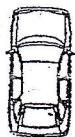
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS: TeamWSP: BAO PH

Tel:

Liability:

RMKS: 71

Date/ Time

SJJ 9152P - 66 (A16/70 1807) Aca392; 14/4/19
- NBA/16/19 669019; 14/4/19
AND 7116 - X
SVC; OI 3RD.

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:

23/07/19 - VIC

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:

23/07/19

- FILE REQUESTED. OI INVOLVED IN A 5 VEH.
C.C. IN LTR THIS 2RD CHG. SEND LETTER
TO OI TO NOTIFY TP CLAIM IN NCD
RETRY.

- EMAIL LIABILITY CLERK- FINALIZED- TP LOD IN BY EMAIL27/08/19- SEND 1ST OFFER TO TP- TP REJECTED CLAIM.02/10/19- EMAIL AIG FOR INTERVIEW- AIG REQUEST 2 DAYS LOD.- SEND 2ND OFFER TO TP.04/10/19- TP ACCEPTED OFFER. ALL LOSS IN ORDER.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: UGS\$ 6,050.00 (7 days) Reduction: 58 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

S\$ 100 (Agreed / Assessed) BOLA S/N No.:28

If NO or B 28, Ass. Lia:

0%

Repair Cost:

S\$ 6,050.0065 VEH. C.C., OI 3RD CHG

Loss of Rental (LOR):

S\$ 800.00 (8 days) x 100.00

Loss of Use (LOU):

S\$ 120.00 (\$ 60 x 2 days)

Loss of Income (LOI):

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

GIA/LTA Search

S\$ 7.45

Medical:

S\$

Disbursement: TOWINGS\$ 100.00

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 7,077.45Global Sum S\$: 7,070.001) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 7,070.00

Name 1:

TEAM AUTOPRO PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: