

15/5/2010

INS. CASE OWNER:

Umm

CC 4 ASM AXA1900 7320, JMB3

LKK: IDAC:

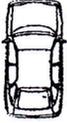
Surveyor: OHS

DOI: ASSIGNMENT 20/04/19

Date / Time : 25/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



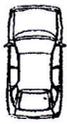
Insured Vehicle No. : SMD 620K
Name of Insured : OMH VE AMI PATRICK
Insured Tel No. : HP: 184419
Excess Sec II :\$S D.O.A : 184419
Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : S9M02L62/112637
Policy No. : P-70103
Make / Model : TOYOTA
Place of Accident : INKING TOWN HALL RD

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 620K -> SJK 95810 -> SJK 5820P



INSRS: WSP: Tel: Liability: RMKS: 01



INSRS: WSP: 4.1ee Tel: Liability: TP RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC
SJK 95810 - X	Non-Reporting ltr (1st):	
SMD 620K - X	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	204 26-6-19
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI: FUMIL	<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 checked="" 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 checked="" 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"/>

3 VC ; 01 LAST.
26-6-19 @ 247 PM w/ 01 PATRICK
AGREED & HE SAID
HE HAS PROTECTOR.

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: 46 S\$ 1800.00 (4 days) Reduction: 86 % Email Call

FINAL SETTLEMENT Date/Time: Confirm with: Email Call

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

Repair Cost: 651 S\$ 1,926.00 Loss of Rental (LOR): 651 S\$ 535 (5 days) 100

Loss of Use (LOU): S\$ (S x days) Loss of Income (LOI): S\$ (S x days)

I.LOR only [X] I.LOU only [] LOR + LOU [] LOR + LO [] [Tick only one]

GIA/LTA Search S\$ 2.00 Medical: S\$ 28-x-y

Disbursement: S\$ (e.g. Tow/ Independent) 1) Claim status: Normal/Reject/Private Settle

Legal Cost S\$ 2,491.00 Global Sum S\$: 2,491.00 2) Report Format: 3) Survey fee: 4050.00

FINAL PAYMENT Date/Time: Confirm with: Email Call
Payee 1: S\$ 2,491.00 Name 1: YEW TEE AUTOMOBILE TECH PTE LTD
Payee 2: (Strike if N.A.) S\$ - Name 2: -
Payee 3: (Strike if N.A.) S\$ - Name 3: -