

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1900 7416, 4/13

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

26/4/19

Date / Time:

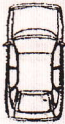
26/4/19

Registered in Merimen:

26/4/19

Pre-assign / CCU / FTE

smg 83934



Insured Vehicle No.:

780 KAT 81

Claim No.:

231591381656

Name of Insured:

Policy No.:

190008950

Insured Tel No.:

HP:

97,634077

Make / Model:

MAZDA

Excess Sec II :S\$

D.O.A.:

26/4/19

Place of Accident:

SBNKANK W RD TURNING INTO YUE RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO. Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

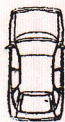
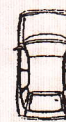
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SUD 66517

INSRS:
WSP:
Tel:
Liability:
RMKS:Tan
Lim.INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	SUD 66517 - X	Non-Reporting ltr (1st):	
	smg 83934 - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	201 13-5-19
		After call ltr to OI:	
		Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI: EMAIL	☒
		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:	Send By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L16	S\$ 2,200.00	3 days) Reduction: 50 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/06/19	Confirm with: JOHNSON	Email ☒ Call ☐
Final Liability:	% ~ 160 (Agreed / Assessed) BOLA S/N No.:	5	If NO or B 28, Ass. Lia:
Repair Cost: 655	S\$ 2,354.00		(OI WAKING TURN)
Loss of Rental (LOR):	S\$ X (days)		
Loss of Use (LOU):	S\$ 240.00 x 4 days)		
Loss of Income (LOI):	S\$ X (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S\$ 2 - X X		
Medical:	S\$ X		
Disbursement:	S\$ X	(e.g. Tow/ Independent)	
Legal Cost	S\$ X		
Total:	S\$ 2,596.00	Global Sum S\$:	—
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 2,596.00	Name 1: TAN LIM MOTOR PTB LTD	
Payee 2: (Strike if N.A.)	S\$ —	Name 2:	
Payee 3: (Strike if N.A.)	S\$ —	Name 3:	