

15/5/2010

INS. CASE OWNER:

BURNARD

CC 6 /AIG1900

7419 A123

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

75/4/19

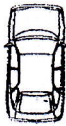
Date / Time:

75/4/19

Registered in Merimen:

714/19.

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFA 420K

Name of Insured:

DH CHEM PAI

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A:

75/4/19.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: TADA YASUHO.

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

40487102053

Policy No.:

70037646904

Make / Model:

VANDERVEE

Place of Accident:

ALEXANDRA RD

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

Insured Liability:

%

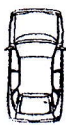
Final ? Yes / No

SFN 5885K

GBH 5475P

SFQ420K

SJR 1687P



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Kang

TP

Date/ Time

SJR 1687P - am 10/09/19 04:56 / m 18/1/19
 SFQ420K - 4
 GVC ; OI 4TH

30/04/19

THE KANG CAR. OLD INVOLVED IN A
 6 VEH. C.C. 4 WAS THE 4TH CAR.

EMAIL LIABILITY CLERK

24/05/19

SEND LETTER TO OI TO NOTIFY TP CLAIM.

FINALIZED

TP LOD IN BY EMAIL

09/09/19

TP REPORT FOR MANDATE APPROVAL

REPORT DONE

30/09/19

SEND MANDATE APPROVAL TO MG

08/10/19

MG APPROVED MANDATE.

SEND 1ST OFFER TO TP

TP ACCEPTED OFFER.

ALL BOCS 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: 24/05/19 - JIC

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: 119

\$S 17,000.00

(21 days) Reduction:

15 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

70

If NO or B 28, Ass. Lia:

0%

Repair Cost: (w/65%)

\$S 13,190.00

Loss of Rental (LOR) (w/65%)

\$S 1,284.00

(12 days) X \$100

Loss of Use (LOU):

\$S

-

(S

x

days)

Loss of Income (LOI):

\$S

-

(S

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$S

10.00

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

\$S 19,484.00

Global Sum \$S:

19,480.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

19,480.00

Name 1:

KANG CAR REPAIRERS PTB LTD

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-