

15/5/2010

INS. CASE OWNER:

BONNIE

CC<sup>6</sup> /AIG1900

7528,

4/8/03.

LKK:

IDAC:

Surveyor:

MNR-WS

DOI:

ASSIGNMENT

ny/in.

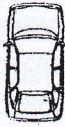
Date / Time:

21/4/14

Registered in Merimen:

21/4/14

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBF 6YR

Claim No.:

487W57836

Name of Insured:

DAMMER FLEET MGMT(S) P/L

Policy No.:

100882568

Insured Tel No.:

HP:

Make / Model:

THORN

Excess Sec II :\$S

D.O.A.:

26/4/14

Place of Accident:

CHATS WICK RD.

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

MUHO KHATKUL ANAM BIN MUHAMMAD

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

Driver Tel No.:

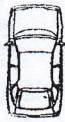
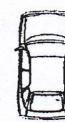
(V/L: YES / NO )

Insured Liability:

%

Final ? Yes / No

SGN 95614

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:Jin  
AutoINSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

| Date/ Time         |                                                                                                                                                                                                     | STAGE                                                                                                                                                                                                                                                                                                             | DATE / PIC     |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                    | SGN 95614-X                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |                |
|                    | GBF 6YR-X                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                   |                |
| 19/06/19           | <ul style="list-style-type: none"> <li>FINISHED</li> <li>TP LOD IN.</li> <li>SEND 1ST OFFER TO TP</li> </ul>                                                                                        | Non-Reporting ltr (1st):<br>Non-Reporting ltr (2nd):<br>Non-Reporting ltr (Final):<br>Notification ltr (if non-pickup):<br>Call OI:<br>After call ltr to OI:                                                                                                                                                      | 19/06/19-SHIM  |
| 19/6/19            | Called OLD to inform TP claim                                                                                                                                                                       | Documentation Check List:                                                                                                                                                                                                                                                                                         | Handler Typist |
| 19/06/19           | <ul style="list-style-type: none"> <li>SEND 1ST OFFER TO TP</li> <li>TP REJECTED OFFER.</li> <li>INJECTED CLAIM LOI e \$350/DAILY AVERAGE.</li> <li>TP PROVIDED WEEKLY INCOME STATEMENT.</li> </ul> | Notification ltr (if non-pickup)<br>After call ltr to OI:<br>Authorisation To Act:<br>Release Voucher:<br>Final Repair Bill:<br>Car Rental Invoice:<br>Towing Invoice:<br>LTA / GIA :<br>Medical Bill:<br>PIR:<br>Mandate/Reject Instruction:<br>LOD<br>Payment Breakdown Form:<br>Post-Repair Photos:<br>Others: |                |
| 18/03/2020         | <ul style="list-style-type: none"> <li>MIS REJECTED LOI e \$100-DAILY.</li> <li>SEND 2ND OFFER TO TP</li> <li>TP ACCEPTED OFFER.</li> <li>ALL DOCS IN ORDER.</li> <li>TO CLOSE.</li> </ul>          |                                                                                                                                                                                                                                                                                                                   |                |
| PRELIMINARY ADVICE |                                                                                                                                                                                                     | Date/Time:                                                                                                                                                                                                                                                                                                        | Sent By:       |

|                                                                     |                                                                      |                 |                                   |                                                             |
|---------------------------------------------------------------------|----------------------------------------------------------------------|-----------------|-----------------------------------|-------------------------------------------------------------|
| FINALIZATION                                                        |                                                                      | Date/Time:      | Confirm with:                     | Confirm by:                                                 |
| Repair Cost:                                                        | L16                                                                  | \$S 4,200.00    | ( 4 days) Reduction:              | %                                                           |
| FINAL SETTLEMENT                                                    |                                                                      | Date/Time:      | confirm with                      | Email <input type="checkbox"/> Cal <input type="checkbox"/> |
| Final Liability:                                                    | %                                                                    | 100             | (Agreed / Assessed) BOLA S/N No.: | 27                                                          |
| Repair Cost:                                                        | (w/loss)                                                             | \$S 4,494.00    |                                   |                                                             |
| Loss of Rental (LOR):                                               | \$S                                                                  | -               | ( days)                           |                                                             |
| Loss of Use (LOU):                                                  | \$S                                                                  | -               | ( \$ x days)                      |                                                             |
| Loss of Income (LOI):                                               | \$S                                                                  | 500.00          | ( \$ 100 x 5 days)                |                                                             |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> | [Tick only one] |                                   |                                                             |
| GIA/LTA Search                                                      | \$S                                                                  | -               |                                   |                                                             |
| Medical:                                                            | \$S                                                                  | -               |                                   |                                                             |
| Disbursement:                                                       | \$S                                                                  | -               | (e.g. Tow/ Independent )          |                                                             |
| Legal Cost                                                          | \$S                                                                  | -               |                                   |                                                             |
| Total:                                                              | \$S                                                                  | 4,994.00        | Global Sum \$S:                   | -                                                           |
| FINAL PAYMENT                                                       |                                                                      | Date/Time:      | Confirm with:                     | Email <input type="checkbox"/> Cal <input type="checkbox"/> |
| Payee 1:                                                            | \$S                                                                  | 4,994.00        | Name 1:                           | JIN AUTO SERVICES PTE LTD                                   |
| Payee 2: (Strike if N.A.)                                           | \$S                                                                  | -               | Name 2:                           | -                                                           |
| Payee 3: (Strike if N.A.)                                           | \$S                                                                  | -               | Name 3:                           | -                                                           |