

15/5/2010

INS. CASE OWNER:

CC 4/LPC1900

LKK:

IDAC:

Surveyor:

WMP

DOI:

ASSIGNMENT

7/5/10

Date / Time :

11/5/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLW 6687B

Name of Insured :

NG CHONG FOK JOSEPH

Insured Tel No. :

HP:

7/5/10

Excess Sec II :SS

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

If NO. Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKB 10972



INSRS:

WSP:

Tel :

Liability :

RMKS:

Jmmt.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKB 10972
SLW 6687B
12/9/10 - FILE PASS TO TYPE MANDATE

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:

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:

SS 6100.00

(6 days)

Reduction: 54

%

Email

Call

FINAL SETTLEMENT

Date/Time: 10/10/2020

Confirm with Admin

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (w/ GST)

SS 6527.00

Loss of Rental (LOR):

SS 960.00

(8 days)

x \$120

Loss of Use (LOU):

SS -

(S

x

days)

Loss of Income (LOI):

SS -

(S

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS -

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/ Independent)

Legal Cost

SS -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$450

Total:

SS 7487.00

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS 7487.00

Name 1:

J-Mart Motor Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3: