

INS. CASE OWNER: **FOO CHIE YAN**

CC 4 / A16 1900 8543, J has

LKK:
IDAC:

Surveyor:

GHJ

DOI:

ASSIGNMENT

10/6/2019

Date / Time:

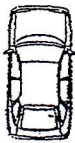
13/5/19

Registered in Merimen:

14/5/19

Pre-assign / CCU / FTE

GBH 955D



Insured Vehicle No. :

Claim No. : **67811440756**

Name of Insured : **BCH ENTERPRISE**

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : **11/5/2019**

Place of Accident :

Is driver the owner? (YES / **NO**) Nature of Accident :

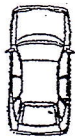
If NO, Driver Name / Age :

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

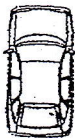
Driver Tel No. : (V/L: **YES** / NO:)

Insured Liability : % Final ? Yes / No

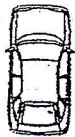
SKA8096K



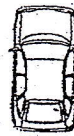
INSRS: **Care Auto**
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

**SKA8096K - X ;
GBH 955D. N/A 1900 8543 (24 : 007: 11/05/19**

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:	18/06/19 - sunny ok
Documentation Check List:	Handler Typist
Notification ltr (if non-pickup)	<input type="checkbox"/>
After call ltr to OI:	<input checked="" type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>
PIR:	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>
LOD	<input checked="" type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>
Others:	<input type="checkbox"/>

18/6/19

Called OLD to inform TP claim

**- FINALISED
- ORIGINAL TP LOD IN**

08/08/19

**- SEND 1ST OFFER TO TP
- TP ACCEPTED OFFER.
- ALL DOC IN ORDER.
- TO CLOSE.**

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **49** S\$ **3,100.00** (**6** days) Reduction: **39** % Email Call

FINAL SETTLEMENT Date/Time: **08/08/19** Confirm with: **JESSLYN** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **28** If NO or B 28, Ass. Lia : **0%**

Repair Cost: **(w/GR)** S\$ **3,317.00** **(3 VEH. O.C., OLD 2ND CAR)**

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ **240.00** (\$ **40** x **6** days) - **OPC**

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

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ -

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ **3,557.00** Global Sum S\$: -

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ **3,557.00** Name 1: **CARE AUTO SERVICES PTE LTD**

Payee 2: (Strike if N.A.) S\$ - Name 2: -

Payee 3: (Strike if N.A.) S\$ - Name 3: -