

INS. CASE OWNER:

TAN BONNIE

CC 3 / AG 1900

8599, Agas

LKK:

IDAC:

Surveyor:

cup

DOI:

ASSIGNMENT

14/5/19

Date / Time:

14/5/19

Registered in Merimen:

14/5/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMG 6055 L

Name of Insured :

Eu Chin Sien

Insured Tel No. :

HP:

Claim No. :

76488733456G

Excess Sec II : SS

D.O.A :

76/4/19

Policy No. :

Make / Model :

Is driver the owner? ( YES / NO )

( YES / NO )

Nature of Accident :

Place of Accident :

If NO, Driver Name / Age :

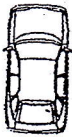
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SMF 5310 L



INSRS:

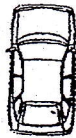
WSP:

Tel :

Liability :

RMKS:

Premium



INSRS:

WSP:

Tel :

Liability :

RMKS:



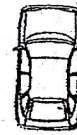
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time	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:	14/05/19 - CC
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	BUNIL <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 checked="" 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"/>

SMF 5310 L - X ; SMG 6055 L - X

Verify TOA & LOA ?

17/5 - Liability unclear - Req. Adv from TP.  
- TP Adv in, call OI & OI no answer.  
Email ltr.

28/5 - Liability clear email to TP.  
- OI return call, aware of TP claim & NCD issue. Agreed to settle a best.  
- TO FINANCE COR  
- FINANCED  
- ORIGINAL TP LOD IN.

26/08/19 - CONTINUED AMOUNT OWING TO LOD.  
- All docs in order.  
- TO close.

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by: Email  Call

FINAL SETTLEMENT Date/Time: 26/08/19 Confirm with: KOWIN Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: NIL

Repair Cost: P/P S\$ 2,902.48 (3 days) Reduction: 66 %

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

Loss of Use (LOU): S\$ 180.00 (\$60 x 3 days)

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

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

GIA/LTA Search S\$ 2.00

Medical: S\$ -

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

Legal Cost S\$ -

Total: S\$ 3,319.75 Global Sum S\$: -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$320.00

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: S\$ 3,139.75 Name 1: PREMIUM AUTOMOBILES PTE LTD

Payee 2: (Strike if N.A.) S\$ 180.00 Name 2: XIA XINMING SM

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