

15/5/2010

INS. CASE OWNER:

HOCKEY VAN

CC 4/AIG1900 8700 / K913

LKK:

IDAC:

Surveyor:

Kenneth (KSC)

DOI:

ASSIGNMENT

21/05/19

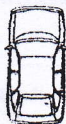
Date / Time:

16/5/19

Registered in Merimen:

16/5/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBE 9294J

Name of Insured:

P61 INDUSTRIES P/L

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

8/5/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

EUGEN 310 GERTHILKURKAR

Driver Tel No.:

(V/L: YES/ NO)

Claim No.:

W4580191554

Policy No.:

N00412824-02

Make / Model:

Nissan

Place of Accident:

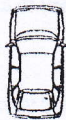
447 BANGKOK UPPSALA CP

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

Insured Liability: %

Final ? Yes / No

SGZ 1199J

INSRS:
WSP:
Tel:
Liability:
RMKS:cheng
401INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGZ 1199J-X		
	GBE 9294J-X		
22/08/19	- FIVE EQUIPMENT OLD HIT PARKED TP. SEND LETTER IN EMAIL TO OI TO NOTIFY TP CLAIM IN NCD ISSUES. - EMAIL LIABILITY CLEAR	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI: 22/08/19-JK	
02/10/19	- ORIGINAL TP LOD IN - CONFIRM AMOUNT SAME AS LOD. - ALL DOCS IN ORDER. - TO CLOSE	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:	45	\$S 1,000.00	(3 days) Reduction: 45 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 02/10/19	Confirm with: JUNE	Email ☐ Call ☐
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost (w/65%)	\$S	1,070.00		COLD HIT PARKED TP)
Loss of Rental (LOR):	\$S	350.00	(3.5 days) X 100	
Loss of Use (LOU):	\$S	—	(\$ x days)	
Loss of Income (LOI):	\$S	—	(\$ x days)	
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	\$S	—		
Medical:	\$S	—		
Disbursement:	\$S	—	(e.g. Tow/ Independent)	
Legal Cost	\$S	—		
Total:	\$S	1,420.00	Global Sum \$S: —	
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S	1,420.00	Name 1: CHENG HOE MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	\$S	—	Name 2: —	
Payee 3: (Strike if N.A.)	\$S	—	Name 3: —	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00