

INS. CASE OWNER:

CC 6/19 1900 8951, UKB3

LKK: 1/2 APPEAR FOR
IDAC: 50% SHARE

Surveyor:

MURKINS

DOI:

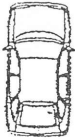
ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

SKL 738L



Insured Vehicle No.:

Name of Insured:

HAW SENG HENG

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

18/5/2019

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

301668400859

Policy No.:

2100 214952-06.

Make / Model:

MERLEDES.

Place of Accident:

BLE

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

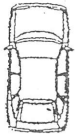
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

Gubb 46876



INSRS:

WSP:

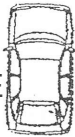
Tel:

Liability:

RMKS:

KIM CHWEE

C-12896



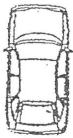
INSRS:

WSP:

Tel:

Liability:

RMKS:



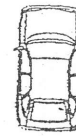
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKL 738L - C13/14/14012385/14m3d/1400 3/6/14
Gubb 46876 - X

OI insisted that he is not fully at fault

19-02-20

WRITE TO O/L TO REASON OUT THE LIABILITY IS NOT IN HIS
FAVOR AND SUGGEST TO NEGOTIATE FOR SETTLEMENT.

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:

S\$ 5700.00

(4 days) Reduction: 63

%

Email

Call

FINAL SETTLEMENT

Date/Time: 21/9/2020

Confirm with Sh. ying

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.: 15

If NO or B 28, Ass. Lia:

Repair Cost: (w/LAT)

S\$ 6099.00

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 400.00

(\$ 100 x 4 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\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee:

\$220

Total:

S\$ 6501.00

Global Sum S\$: 6500.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 6500.00

Name 1:

Kipm Choice Auto Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: