

15/5/2019

INS. CASE OWNER:

BERNARD

CC 4

/AIG1900

9080, UHh.

LKK:

IDAC:

Surveyor:

m/ckus

DOI:

ASSIGNMENT

28/5/19.

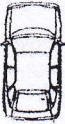
Date / Time :

27/5/19.

Registered in Merimen:

28/5/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SUE 5137M.

Name of Insured :

9M CHON VEN GINA

Insured Tel No. :

HP:

Excess Sec II :\$S

D.O.A :

16/5/19.

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

TAN LEE PEDW

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

26666027059

Policy No. :

200486793.

Make / Model :

VOLVO

Place of Accident :

LOYANH RD.

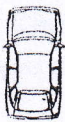
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

YP 5051P.

INSRS:
WSP:
Tel:
Liability:
RMKS:think
oneINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	YP 5051P - X	Non-Reporting ltr (1st):	
	25/07/19	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	25/07/19 - VIC
		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: P/P	\$S 1,471.00	(2 days) Reduction:	%
FINAL SETTLEMENT	Date/Time: 29/07/19	Confirm with:	Email ☐ Call ☐
Final Liability:	% 80	(Agreed / Assessed) BOLA S/N No.:	NIL
Repair Cost: 1,543.97	\$S 786.99		
Loss of Rental (LOR) 955	\$S 267.50	(2 days) x 4250	
Loss of Use (LOU): -	\$S -	(S x days)	
Loss of Income (LOI): -	\$S -	(S x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐		[Tick only one]	
GIA/LTA Search 12.00	\$S 2.00		
Medical: -	\$S -		
Disbursement: -	\$S -	(e.g. Tow/ Independent)	
Legal Cost: -	\$S -		
Total: 12,110.97	\$S 1,056.49	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 1,056.49	Name 1:	THINK ONE AUTOCARE PTE LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-