

INS. CASE OWNER: LOH CHOO HENG

CC 6 / MH 1900 9268 / Aha3

LKK:

IDAC:

Surveyor:

Lmp

DOI:

ASSIGNMENT

24/5/19

Date / Time :

24/5/19

Registered in Merimen:

27/5/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLC 712E

Claim No. :

AAC05 1174716G

Name of Insured :

YIP HOI PHANG

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

25/5/19

Place of Accident :

Is driver the owner?

(YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

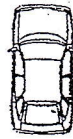
(V/L: ☒ YES / ☒ NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability :

%

Final ? Yes / No

SKE MRS



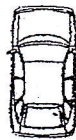
INSRS:

WSP:

Tel:

Liability:

RMKS:

Lmp
motor

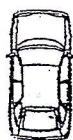
INSRS:

WSP:

Tel:

Liability:

RMKS:



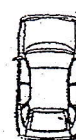
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKE MRS - C6 (M61 6017124 / A20392-508) 14/6/19
 SLC 712E } NATION 1900 9137 / MY : 1107 23/5/19

14/6/19 12.27pm

Called OI to inform TP claim
 send letter to OI.

- PARKED.

- ORIGINAL TP LOD IN

17/07/19

- spoke to MS NG, CONFIRMED SETTLEMENT.
 - All done in order.
 - to close.

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: 46

S\$ 1,800.00 (3 days) Reduction: 77 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 19/07/19

Confirm with

MS NG

Email ☐ Call ☒

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 1,800.00

COLO (PARK-ENDED TP)

Loss of Rental (LOR):

S\$ 400.00 (4 days) x 100.00

Loss of Use (LOU):

S\$ - (\$ x days)

Loss of Income (LOI):

S\$ - (\$ x days)

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

GIA/LTA Search

S\$ -

Medical:

S\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/Independent)

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

\$320.00

Total:

S\$ 2,200.00

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 2,200.00

Name 1:

EUNOS MOTOR SERVICE

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: