

INS. CASE OWNER:

LEE HING YAO

CC 4, ALH 1900 9437, Aha3

LKK:

IDAC:

Surveyor:

Wmp

DOI:

ASSIGNMENT

24/8/19

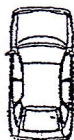
Date / Time:

28/5/19

Registered in Merimen:

28/5/19

Fire-assign / CCU / FTE



Insured Vehicle No.:

Smj 6408L

Claim No.:

1363106750G

Name of Insured:

CHENGAM SONIA MOHANDAS MRS. SOMA DATTAM

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)

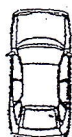
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SGA 8282C



INSRS:

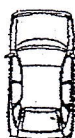
WSP:

Tel:

Liability:

RMKS:

BW WKEP



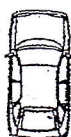
INSRS:

WSP:

Tel:

Liability:

RMKS:



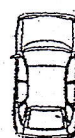
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SGA 8282C - N/A (no 09019788) y1 ; 00A: 219109
Smj 6408L - X

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:

11/6/19 - 5,48pm

Called OI to inform TP claim

- SMALL LIABILITY CLERK

- PINKUARD

- ORIGINAL TP LOD IN

26/5/19

- SEND ACCEPTANCE BULK TO TP

- DU IN. ALL BOD IN ORDER

- TO CLERK

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

7/p

S\$ 3,202.00

(4

days) Reduction:

25

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

JUTRN

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

0%

Repair Cost: (w/loss)

S\$ 3,426.14

Loss of Rental (LOR) (w/loss)

S\$ 428.00

(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\$

2.00

Medical:

S\$

—

Disbursement:

S\$

—

(e.g. Tow/ Independent)

Legal Cost

S\$

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$ 3,856.14

Global Sum S\$:

—

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,856.14

Name 1:

BW WORKSHOP SERVICES PTE LTD

Payee 2: (Strike it N/A)

S\$

—

Name 2:

—

Payee 3: (Strike it N/A)

S\$

—

Name 3:

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