

INS. CASE OWNER:

LOH CHIE HUNG

CC 4/AIG1900

all 73, U 167.

LKK:

IDAC:

Surveyor:

mhr145

DOI:

ASSIGNMENT

29/5/19

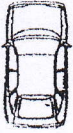
Date / Time :

26/5/19

Registered in Merimen:

29/5/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

FBL 63787.

Claim No. :

87612454059

Name of Insured :

SNG SOON BOON (LUN SHUNEN)

Policy No. :

1800155760.

Insured Tel No. :

HP:

Make / Model :

Honda

Excess See II :S\$

D.O.A :

29/5/19

Place of Accident :

URUMI RD.

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

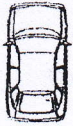
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLB 9081P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Think
one

INSRS:

WSP:

Tel :

Liability :

RMKS:



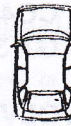
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time		STAGE	DATE / PIC
	SLB 9081P - K	Non-Reporting ltr (1st):	
	FBL 63787 - K	Non-Reporting ltr (2nd):	
06/06/19	BUNIL LIABILITY CLERK	Non-Reporting ltr (Final):	
14/6/19, 2.05pm	Called OI to inform TP claim	Notification ltr (if non-pickup):	
	MINAUGERB	Call OI:	
	ORIGINAL TP LOD IN	After call ltr to OI:	14/06/19 - SIMMY NG-OK
29/07/19	SEND ACCEPTANCE EMAIL TO TP	Documentation Check List: Handler	Typist
31/07/19	TP ACCEPTED OFFER.	Notification ltr (if non-pickup)	☐
	All docs in order	After call ltr to OI:	☒
	to close.	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:
Repair Cost:	L19	S\$ 3,600.00	(3 days) Reduction: 81 %
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	100	(Agreed / Assessed)	BOLA S/N No. : 27
Repair Cost:	W1490	S\$ 3,852.00	
Loss of Rental (LOR):	W1490	S\$ 481.50	(3 days) X \$150.00
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\$ 200	
Medical:		S\$ -	
Disbursement:		S\$ -	(e.g. Tow/ Independent)
Legal Cost		S\$ -	
Total:		S\$ 4,335.50	Global Sum S\$: -
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:		S\$ 4,335.50	Name 1: THINK ONE AUTO CARE PTE LTD
Payee 2: (Strike if N.A.)		S\$ -	Name 2: -
Payee 3: (Strike if N.A.)		S\$ -	Name 3: -