

INS. CASE OWNER:

Ahmad.

CC 3 /AIG1600

4063, 1Chy3.

LKK:

IDAC:

Surveyor:

Kenneth.

DOI:

ASSIGNMENT

29/2/16

Date / Time :

29/2/16

Registered in Merimen:

2/3/16

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKV 7054C

Name of Insured :

Kim H. San Angela

Insured Tel No. :

HP:

98915586

Excess Sec II :SS

D.O.A :

28/2/16

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

303120113156

Policy No. :

2100421300

Make / Model :

Mazda Bante

Place of Accident :

Open carpark in front of B191
Lor Toa Payoh.

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

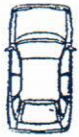
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHF 6164



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans-car



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

2/3/16
V/LSHF 6164 - C81 TP 1402673 > K9542 009 19/10/16
SKV 7054C - X

FINALISED.

0804/16 @ 11:09AM

CALLED 01 NO ANSWER.

1104/16 @ 11:31AM

CALLED 01 NO RESPONSE.

1204/16 @ 3:18PM

CALLED 01 NO RESPONSE.

14/02/16

LETTER SENT TO OI
FOR BULK SETTLEMENT

RETURN @ TC. KW FOR DOCS.

KIV

17-10-17

WHAT I DESCRIBED IS RIGHT I DO NOT THINK I NEED TO CHANGE
OR CUT LANE WHICH IS ONE WAY DRIVEWAY. 2 MINOR WAYS
ON THE RIGHT ARE MEANT FOR EXISTING NO ENTRY. PLEASE
CHECK WITH OI'S COUNTER CLAIM STATUS. I BELIEVE 5% AS BOTH
PARTIES WITHOUT EVIDENCE & CONFLICTING VERSIONS.

17/10/17

TEMP. CLOS. TP INACTIVITY

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	12/4/16 - ASHER
After call ltr to OI:	SUPAN B14
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:

161

S\$

744.82

(

1.5

days)

Reduction:

90

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

%

50

(Agreed / Assessed)

BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

(SIDE SWIPE)

Loss of Rental (LOR):

S\$

(

days)

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT
17/10/17UPLOADED, TP INACTIVITY II
SUBMIT WP REPORTWP REPORT
\$320.00