

15/5/2010

INS. CASE OWNER:

SUKUNTHALA

CC 6 /AIG1901 0745, Ahb3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

18/6/19

Date / Time :

18/6/19

Registered in Merimen:

18/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKB 92897

Claim No. :

528482141356

Name of Insured :

Sakunthala Subramaniam

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A. :

14/6/19

Place of Accident :

ECR → CHANGI

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

SKB 92897

SKX16090

SVE 9188P



INSRS:

WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:

Jmart

7P



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SKX16090 - X	Non-Reporting ltr (1st):	
	SKB 92897 A	Non-Reporting ltr (2nd):	
	NO OI GIA, sent out 1st letter	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
05/07/19	THIS EQUIPMENT. OLD INVOLVED IN A 3 VEH. C.C., OLD LAST CALL. SEND LETTER IN BULK TO OI TO NOTIFY TP CLAIM IN NCB ISSUES.	After call ltr to OI:	05/07/19 - 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: Lg	\$5,500.00 (7 days)	Reduction: 55 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/09/19	Confirm with: ANGIE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: (w/600)	\$5,885.00		(3 VEH. C.C., OLD LAST)
Loss of Rental (LOR):	\$900.00 (9 days)	x \$100.00	
Loss of Use (LOU):	\$ - (\$ x days)		
Loss of Income (LOI):	\$ - (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐			[Tick only one]
GIA/LTA Search	\$ -		
Medical:	\$ -		
Disbursement:	\$ - (e.g. Tow/ Independent)		
Legal Cost	\$ -		
Total:	\$6,785.00	Global Sum \$:	-
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$6,785.00	Name 1:	J-MART MOTOR PTE LTD
Payee 2: (Strike if N.A.)	\$ -	Name 2:	-
Payee 3: (Strike if N.A.)	\$ -	Name 3:	-