

INS. CASE OWNER

CHAN KUN HONG

CC 4, A16 190 10943, 191ha3

LKK:
IDAC:

Surveyor:

KALUN

DOI:

ASSIGNMENT

20/6/19

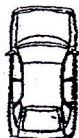
Date / Time :

20/6/19
20/6/19

Registered in Merimen:

Pre-assign / CCU / FTE

SJW 1384



Insured Vehicle No. :

Claim No. :

69820636945G

Name of Insured :

VEKA SM HWSB YEB

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

19/6/19

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

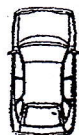
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHB 4182B



INSRS:

WSP:

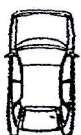
Tel :

Liability :

RMKS:

COH6

lgang.



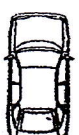
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

SJW 1384 - C3 / AXA 14010056 / 19/6/19

SHB 4182B - C3 / M17015924 / 19/6/19

CC4 / M180 205031 / 19/6/19

26/6/19

- FILE REVIEWED. OI RATE-ENDED TP.
Letter sent to OZ

01/07/19

- MINUTED
ORIGINAL TP LOG IN

26/6/19

- SEND 1ST OFFER TO TP.
- ORIG. EN IN. TP ACCEPTED OFFER.
- ALL DOCS 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: 26/06/19 - Jimmy - OK

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: 49

\$S 3,150.00 (3 days) Reduction: 48 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

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

If NO or B 28, Ass. Lia :

Repair Cost: (w/loss)

\$S 3,691.50

(OI RATE-ENDED TP)

Loss of Rental (LOR):

\$S 281.68 (25 days) x \$ 112.67

Loss of Use (LOU):

\$S 115.00 (\$ 50 x 25 days)

Loss of Income (LOI):

\$S - (\$ x days)

LOR only ☐ LOU only ☐

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

GIA/LTA Search

\$S 7.19

Medical:

\$S -

Disbursement:

\$S -

(e.g. Tow/ Independent)

Legal Cost

\$S -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$250.00

Total:

\$S 4,105.67

Global Sum \$S: 4,100.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$S 4,100.00

Name 1:

COMFORTABLEGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

\$S -

Name 2:

Payee 3: (Strike if N.A.)

\$S -

Name 3: