

15/5/2010

INS. CASE OWNER:

CC 3/EQ1901 1228, K21663/9

LKK:

IDAC:

Surveyor:

KALUN.

DOI:

ASSIGNMENT

24/6/19

Date / Time :

24/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLR 42686.

Claim No. :

Name of Insured :

MER YONG CHIN.

Policy No. :

DMPB008-005501

Insured Tel No. :

HP:

Make / Model :

HONDA

Excess Sec II :SS

D.O.A :

24/6/19.

Place of Accident :

710009 BT ST 12

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO. Driver Name / Age :

HAN SIN H. 70SEPHING

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SLR 42686.



INSRS:

WSP:

Tel :

W.

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
5/7/19	* Illegal u-turn by TP, get vid from OZ	
	Called OZ to inform TP claim, OZ will send us vid evidence to prove TP made illegal u-turn, email sent to OZ.	
24.11.19	REC'D TP VIDEO SAME IN (V: ASHEE: 2019) VIDEO SHOW THAT OZ EXIT FROM THE SLIP ROAD HIT TP.	
	CALLED OZ CONFIRMED ACCIDENT. OZ EXIT FROM THE SLIP ROAD AND HIT TP. INFORM TP CLAIM AND VIDEO AGREED TO SETTLE.	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	☐ ☐
	After call ltr to OI:	☒ ☐
	Authorisation To Act:	☒ ☐
	Release Voucher: (NO NEED)	☐ ☐
	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:	Plp S\$1,713.00	(2 days) Reduction: 53%
FINAL SETTLEMENT	Date/Time: 06.12.19	Confirm with Jm
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 116
Repair Cost:	W/LAS S\$1,891.11	OZ EXIT FROM THE SLIP ROAD HIT TP.
Loss of Rental (LOR):	S\$442.65	(3.5 days) x \$126.41
Loss of Use (LOU):	S\$ -	(S x days)
Loss of Income (LOI):	S\$175.00	(S50 x 3.5 days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒	[Tick only one]	
GIA/LTA Search	S\$ -	
Medical:	S\$ -	
Disbursement:	S\$ -	(e.g. Tow/ Independent)
Legal Cost	S\$ -	
Total:	S\$2,514.76	Global Sum S\$:
FINAL PAYMENT	Date/Time: 06.12.19	Confirm with: Jm
Payee 1:	S\$2,514.76	Name 1: COMFORTDELRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

COPY SENT

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: 400

010
13/12
010