

15/5/2010

INS. CASE OWNER:

CHOW HENG

CC

4/AIG1901

1419, B hbn

LKK:

IDAC:

Surveyor:

MR UM

DOI:

ASSIGNMENT

28/06/19

Date / Time :

16/6/19.

Registered in Merimen:

24/6/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKV 6588K

Name of Insured :

KOH HOP YEE

Insured Tel No. :

HP:

Excess Sec II :\$S

D.O.A :

24/6/19.

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

8627 28121756

Policy No. :

120006737.

Make / Model :

NISSAN

Place of Accident :

BRICKLAND RD Junc

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

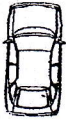
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SKT 8102B

INSRS:
WSP:
Tel :
Liability :
RMKS:Team
AnecproINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKT 8102B - X SKV 6588K - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	02/07/19 - summary
		Documentation Check List:	Handler Typist
06/07/19	- HUB REQUESTED. OI MAKING RIGHT TURN @ JUNCTION. SEND LETTER TO OI TO NOTIFY TP CLAIM IN NCB ROAD.	Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
31/7/19	Letter sent to OI	Authorisation To Act:	☒
	- PHOTOCOPIED	Release Voucher:	☒
	- TP LOG IN BY EMAIL	Final Repair Bill:	☒
27/08/19	- SEND 1st OFFER TO TP	Car Rental Invoice:	☒
	- TP REQUESTED OFFER	Towing Invoice:	☐
	- CLAIM FOR LOU.	LTA / GIA:	☒
	- AIG REQUESTED PAY LOU	Medical Bill:	☐
03/10/19	- SEND 2ND OFFER TO TP	PIR:	☐
	- TP ACCEPTED OFFER.	Mandate/Reject Instruction:	☐
	- ALL LOSSES IN ORDER.	LOD	☒
	- TO CLOSE	Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE Date/Time: Sent By:		Confirm by:	
FINALIZATION Date/Time: Confirm with:		Confirm by:	
Repair Cost: 46	\$S 3,950.00 (9 days) Reduction: 64 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 04/10/19 Confirm with: ADEL		Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 3,950.00	(OI TURNING)	
Loss of Rental (LOR):	\$S 900.00 (9 days) x 100.00		
Loss of Use (LOU):	\$S 240.00 x 3 days		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	\$S 29.00		
Medical:	\$S -	1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$S -	3) Survey fee: \$320.00	
Total:	\$S 5,119.00 Global Sum \$S: 5,100.00		
FINAL PAYMENT Date/Time: Confirm with:		Email ☐ Call ☐	
Payee 1:	\$S 5,100.00 Name 1: TEAM AUTO PRO PTE LTD		
Payee 2 (Strike if N.A.):	\$S - Name 2:		
Payee 3 (Strike if N.A.):	\$S - Name 3:		