

INS CASE OWNER:

GAUHA

CC 6, ALG 190 11814, Aha3

LKK:

IDAC:

Surveyor:

WMP

DOI:

ASSIGNMENT

2/21/19

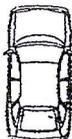
Date / Time:

2/21/19

Registered in Merimen:

3/21/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMJ 9295A

Claim No.:

59245936495G

Name of Insured:

BIS Motoring Pte Ltd

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

2/21/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES/NO

YES

NO

TP GIA REPORT: YES/NO

YES

NO

Driver Tel No.:

(V/L: YES/NO)

Insured Liability: %

%

Final? Yes/No

SLP 5332H



INSRS:

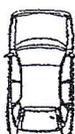
WSP:

Tel:

Liability:

RMKS:

Chew Motor



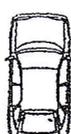
INSRS:

WSP:

Tel:

Liability:

RMKS:



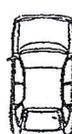
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|--|--|-----------------------------------|---|
| | SLP 5332H - X ; SMJ 9295A - CC6/ALG 190 11814 / Aha3 ; D.O.A. 2/21/19 | Non-Reporting ltr (1st): | |
| | | Non-Reporting ltr (2nd): | |
| | | Non-Reporting ltr (Final): | |
| | | Notification ltr (if non-pickup): | |
| 08/02/19 | MIS REVIEWED. OLD RATE-ENDED TP. SEND LETTER TO OI TO NOTIFY TP CLAIM IN NCD 199009. | Call OI: | |
| | | After call ltr to OI: | 08/02/19 - UIC |
| | | Documentation Check List: | Handler Typist |
| | | Notification ltr (if non-pickup) | <input type="checkbox"/> <input type="checkbox"/> |
| | | After call ltr to OI: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Authorisation To Act: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Release Voucher: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Final Repair Bill: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Car Rental Invoice: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | | LTA / GIA : | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | LOD | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> |
| | | | Others: <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: UIC | S\$ 3,400.00 (4 days) | Reduction: 80 % | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time: 22/10/19 | Confirm with: SUKWI | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: | % 100 (Agreed / Assessed) | BOLA S/N No.: | 27 |
| Repair Cost: (w/gar) | S\$ 3,638.00 | | (OLD RATE-ENDED TP) |
| Loss of Rental (LOR): | S\$ 200.00 (2 days) x \$100.00 | | |
| Loss of Use (LOU): | S\$ - (\$ x days) | | |
| Loss of Income (LOI): | S\$ - (\$ x days) | | |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR+LOU <input type="checkbox"/> LOR+LOI <input type="checkbox"/> | | [Tick only one] |
| GIA/LTA Search | S\$ 7.45 | | |
| Medical: | S\$ - | | |
| Disbursement: | S\$ - (e.g. Tow/ Independent) | | 1) Claim status: <input checked="" type="checkbox"/> Non-Reported/Reject/Private Settle |
| Legal Cost | S\$ - | | 2) Report Format: |
| Total: | S\$ 3,845.45 | Global Sum S\$: | 3) Survey fee: \$320.00 |
| | | 3,845.00 | |
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: | S\$ 3,845.00 | Name 1: | CHAW MOTOR PTE LTD |
| Payee 2: (Strike if N.A.) | S\$ - | Name 2: | - |
| Payee 3: (Strike if N.A.) | S\$ - | Name 3: | - |