

15/5/2010

INS. CASE OWNER:

LOH CHIA HONG CC 4 /AIG1901

LKK:

IDAC:

Surveyor:

MUMCHS

DOI:

ASSIGNMENT

a/3/19

Date / Time :

9/3/19.

Registered in Merimen:

9/3/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SVJ 395TB

Claim No. :

BS401404009G

Name of Insured :

ORANGE LEASING PTE LTD

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

12/6/19.

Place of Accident :

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

FBK 1731K

INSRS:
WSP:
Tel :
Liability :
RMKS:

erofia

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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:	10/04/19-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:
Repair Cost: L16	\$S 3,000.00 (5 days) Reduction: 48 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 30/08/19	Confirm with: U66 U66
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	Email ☒ Call ☐
Repair Cost:	\$S 3,000.00	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	\$S - (days)	COID WAKING RIGHT TURN
Loss of Use (LOU):	\$S 140 (\$20 x 7 days)	
Loss of Income (LOI):	\$S - (\$ x 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 3,140.00	Global Sum \$S: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 3,140.00	Name 1: ERZOMIA MOTOR TRADING PTE LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2: -
Payee 3: (Strike if N.A.)	\$S -	Name 3: -