

INS. CAST. OWNER:

BORNALD

CC6 / AIG 10012345 / Aha3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

11/7/19

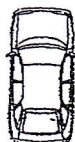
Date / Time:

11/7/19

Registered in Merimen:

12/7/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SCF 32282

Name of Insured : Tan chin Tiong

Insured Tel No. : HP:

Excess Sec II : SS D.O.A. : 10/7/19

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : K0273486465G

Policy No. :

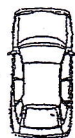
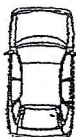
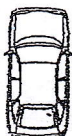
Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SJU 1120 B

INSRS:
WSP: Kai Motor
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time		STAGE	DATE / PIC
	SJU 1120 B 3x SCF 32282 3x	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
10/08/19	- FILE REQUESTED. OI PHASE-BENDED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.	After call ltr to OI:	10/08/19 - 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 : (NO INVOICE)	☐
		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: 45

S\$ 3,550.00

(6)

days) Reduction:

48

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia :

Repair Cost: (w/Get)

S\$ 3,798.50

COI (Kai-Motor TP)

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

480.00

x 8

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only ☐ LOU only ☒

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4020.00

Total:

S\$ 4,278.50

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

4,278.50

Name 1:

KAI MOTOR TRADING

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-