

Aba3q2

15/5/2010

INS. CASE OWNER:

CC 6/CTI1901 1476, ~~1476~~

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

17/07/19

Date / Time:

15/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJS 8069G

Claim No.:

SWM190703244

Name of Insured:

Phua Lok Huan

Policy No.:

0mpcsw 3046851802

Insured Tel No.:

HP:

Make / Model:

Nissan

Excess Sec II : \$S

D.O.A.:

10/7/19

Place of Accident:

Old airport rd

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SJS 8069G

INSRS:
WSP:
Tel:
Liability:
RMKS:

ab motorsport

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

Date/Time	STAGE	DATE / PIC
23/07/19	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI: 23/07/19 - UK	
30/6/20	Documentation Check List: Handler Typist Notification ltr (if non-pickup) <input checked="" 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 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 checked="" 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"/> Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> Others: <input type="checkbox"/> <input type="checkbox"/>	
25/08/2020	SETTLED AND CLOSED/ FILE IN DRAWER	

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	L/S	\$S 11600.00	(3 days) Reduction: 84.04 %
FINAL SETTLEMENT		Date/Time: 24/08/2020	Confirm with: JADE
Final Liability:	% 50	(Agreed / Assessed)	BOLA S/N No.:
Repair Cost (W/GST)	\$1,712.00	\$S 856.00	
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	\$S 90.00 (\$ 60 x 3 days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only <input type="checkbox"/>	LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/> [Tick only one]
GIA/LTA Search	29.00	\$S 29.00	
Medical:	\$S		
Disbursement:	\$S	(e.g. Tow / Independent)	
Legal Cost	\$S		
Total:	1,921.00	\$S 975.00	Global Sum \$S: 950.00
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	\$S 950.00	Name 1:	96 MOTORSPORTS PTE LTD
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	