

15/5/2010

INS. CASE OWNER:

MAVIS CHOW

CC 4/AIG1901

2974, 11/10/19

LKK:

IDAC:

Surveyor:

mhr/mr

DOI:

ASSIGNMENT

11/10/19

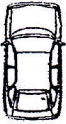
Date / Time:

18/7/19

Registered in Merimen:

19/10/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGW 19T

Claim No.:

113281512900

Name of Insured:

CHUA KIM LIN

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

11/10/19

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

Pkg 91212



INSRS:

WSP:

Tel:

Liability:

RMKS:

Prof'n.



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:	14/08/19 - JIC
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	NO INVOICE
		Car Rental Invoice:	☐
		Towing Invoice:	☐
		LTA / GIA :	☐
		Medical Bill:	☐
		PIR: -AGAINST OI	☒
		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: TOTAL LOSS S\$ 3,886.00

days) Reduction:

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

NO USE USE

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

TOTAL LOSS

S\$ 3,886.00

PIR AGAINST OI

Loss of Rental (LOR):

S\$

—

(days)

Loss of Use (LOU):

S\$

320.00

x 16 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\$

—

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

—

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

—

3) Survey fee:

Total:

S\$

3,906.00

Global Sum S\$:

—

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

3,906.00

Name 1:

TROPIC MOTOR TRADING PTE LTD

Payee 2: (Strike if N.A.)

S\$

—

Name 2:

—

Payee 3: (Strike if N.A.)

S\$

—

Name 3:

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