

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

m/3/19

Date / Time :

20/3/19

Registered in Merimen:

m/3/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLG 3500A

Name of Insured :

VOELKER GEORGE RICHARD

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

19/3/19

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

8304879 (2254)

Policy No. :

2100485/22-02

Make / Model :

MERCEDES

Place of Accident :

KAKI BUKIT MUE 4 LANE 3

If NO, Driver Name / Age :

SABEJIAN

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SLW 6065K



INSRS:

WSP:

Tel :

Liability :

RMKS:

Supreme
AUTO

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SLW 6065K - 4	Non-Reporting ltr (1st):	
SLG 3500A - 4	Non-Reporting ltr (2nd):	
* pending OI video	Non-Reporting ltr (Final):	
* video uploaded in the limer.	Notification ltr (if non-pickup):	
	Call OI:	15/10/19
	After call ltr to OI:	
	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: PIP	SS 1175.00	(3 days) Reduction: 29 %
FINAL SETTLEMENT	Date/Time: 21/1/2019	Confirm with Mr. Chen
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15
Repair Cost:	SS 1175.00	
Loss of Rental (LOR):	SS	(days)
Loss of Use (LOU):	SS 180.00	(\$ 60 x 5 days)
Loss of Income (LOI):	SS	(\$ x days)
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS	(e.g. Tow/ Independent)
Legal Cost	SS	
Total:	SS 1355.00	Global Sum SS:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS 1355.00	Name 1: Supreme Auto Service Pte Ltd
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3: