

15/5/2010

INS. CASE OWNER:

CC4/LPC1901

LKK:

IDAC:

Surveyor:

Adm

DOI:

ASSIGNMENT

2/11/19

Date / Time:

2/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBC 1506L

Name of Insured:

GIR LIA LO VIL

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

18/11/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

YEE BOON KEE

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

11/11/19/105/02008

Policy No.:

719105000000

Make / Model:

Lia

Place of Accident:

Amk Ave 3

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

Insured Liability:

%

Final ? Yes / No

3/11/19



INSRS:

WSP:

Tel:

Liability:

RMKS:

perfect
works

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	3/11/19	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		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: 22/08/19 Sent By: VIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L5

\$S 3,750.00

(6 days)

Reduction:

62

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

11/09/19

Confirm with:

CHUG

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

\$S 3,750.00

Loss of Rental (LOR):

\$S

(days)

Loss of Use (LOU):

\$S 480.00

\$60 x 8

days)

Loss of Income (LOI):

\$S

(\$ x days)

LOR only ☐LOU only ☒LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

\$S 7.45

Medical:

\$S

1) Claim status: Normal/Reject/Private Settle

Disbursement:

\$S

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

\$S

3) Survey fee:

\$400.00

Total:

\$S 4,237.45

Global Sum \$S:

-

FINAL PAYMENT

Date/Time:

11/09/19

Confirm with:

CHUG

Email ☐Call ☐

Payee 1:

\$S 4,237.45

Name 1:

PERFECT WORKS

Payee 2: (Strike if N.A.)

\$S

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

Name 3:

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