

15/5/2010

INS. CASE OWNER:

LOH CHUE HONG CC 4/AIG1901 1938, Uhb3.

LKK:

IDAC:

Surveyor:

MARLUS

DOI:

ASSIGNMENT

M/3/19

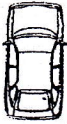
Date / Time:

M/3/19

Registered in Merimen:

M/3/19.

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMJ 7020P

Claim No.:

64609676254

Name of Insured:

POH XIONG WEL (PU XIONG WEL)

Policy No.:

1900062868

Insured Tel No.:

HP:

Make / Model:

MERCEDES

Excess Sec II :\$S

D.O.A.:

M/3/19

Place of Accident:

KINGSTON WATERBAY, UP

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: POH KOE TAN

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

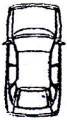
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SG Q 7010C



INSRS:

WSP:

Tel:

Liability:

RMKS:

Abwin



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
	SG Q 7010C - X	Non-Reporting ltr (1st):	
	SMJ 7020P - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
26/07/19	TP VIDEO UPLOADED IN MERIMEN SAVED IN V/LIC/SG Q 7010C FILE REVIEWED. BASED ON FOOTAGE, OI VEHICLE ENCRONCHED LANE. SEND LETTER TO OI TO NOTIFY TP CLAIM IN NCD LEAD.	Call OI:	
		After call ltr to OI:	21/07/19 - UC
		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:	Confirm by:
Repair Cost: L5	\$S 1200.00 (3 days)	Reduction: 65 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/08/19	Confirm with: SHARIFAH	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	NIL
Repair Cost: (w/acc)	\$S 1284.00		
Loss of Rental (LOR):	\$S - (days)		
Loss of Use (LOU):	\$S 300.00 (\$60 x 5 days)		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$S 2.00		
Medical:	\$S -		
Disbursement:	\$S - (e.g. Tow/ Independent)		
Legal Cost	\$S -		
Total:	\$S 1,586.00	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 1,586.00	Name 1:	ABWIN SERVICES PTE LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-