

15/5/2010

INS. CASE OWNER:

BONNIE

CCF/AIG1901

3022, KHB.

LKK:

IDAC:

Surveyor:

Fennell

DOI:

ASSIGNMENT

22/7/19

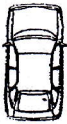
Date / Time :

22/7/19

Registered in Merimen:

22/7/19

Pre-assign / CCU / FTE



Insured Vehicle No. : 5LL 3187U

Name of Insured : 24 BOON HAO NG

Insured Tel No. : HP: 22/7/19

Excess Sec II : \$S D.O.A : 22/7/19

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : 24 KOK HAT KEVIN

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 166145760259

Policy No. : 200502678

Make / Model : Toyota

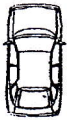
Place of Accident : JUNE OF SENGWANG NE K

SENGWANG NE

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

Insured Liability : % Final ? Yes / No

SGU 9641 Y



INSRS: JAMES

WSP: HEE

Tel : ADVANCE

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time: 22/7/19

DATE / TIME	STAGE	DATE / PIC
30/07/19	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	30/07/19 - vic
	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:	☒
	Mandate/Reject Instruction:	☒
	LOD	☒
	Payment Breakdown Form:	☒
	Post-Repair Photos:	☒
	Others:	☒

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	TOTAL LOSS \$S 3,600.00	(days) Reduction:	%	Email ☐	Call ☐
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FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
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Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	27	If NO or B 28, Ass. Lia :
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Repair Cost:	TOTAL LOSS \$S 3,600.00	(days) Reduction:	%	Email ☐	Call ☐
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Loss of Rental (LOR):	\$S -	(days)		
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Loss of Use (LOU):	\$S 840.00 (\$60 x 14 days)			
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Loss of Income (LOI):	\$S - (\$ x days)			
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LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
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GIA/LTA Search	\$S 8.00			
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Medical:	\$S -			
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Disbursement:	TOWING \$S 50.00	(e.g. Tow/ Independent)		
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Legal Cost	\$S -			
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Total:	\$S 4,498.00	Global Sum \$S: -		
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
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Payee 1:	\$S 4,498.00	Name 1:	ADVANCE AUTO GARAGE	
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Payee 2: (Strike if N.A.)	\$S -	Name 2:	-	
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Payee 3: (Strike if N.A.)	\$S -	Name 3:	-	
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