

15/5/2010

CC3/AIG19013067/Akb3

LKK:

INS. CASE OWNER:

CC /AIG1900 /

IDAC:

ASSIGNMENT

Surveyor:

DOI:

26 7 19

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKM336H

Claim No. :

Name of Insured : YVONNE LAU YEE WAN

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A : 23/07/2019

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



INSRS:

WSP: SJY8869H

Tel : TP

Liability :

RMKS:



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:	
	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: P/P	\$S 9838.48	(5 days) Reduction: % Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24/4/2020 Confirm with Nadia	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	\$S 10,527.17	
Loss of Rental (LOR):	\$S (days)	
Loss of Use (LOU):	\$S 360 (\$60 x 6 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	1) Claim status: Normal/Reject/Dispute Settle
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	\$S	3) Survey fee: \$320
Total:	\$S 10,889.17	Global Sum \$S:
FINAL PAYMENT	Date/Time: Confirm with: Email ☐ Call ☐	
Payee 1:	\$S 10,889.17	Name 1: Premium Automobiles Pte Ltd
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3: