

15/5/2010

INS. CASE OWNER:

BENJAMIN

CC 4/AIG1901

3620, Fh63

LKK:

IDAC:

Surveyor:

Ram.

DOI:

ASSIGNMENT

5/8/19

Date / Time:

21/8/19

Registered in Merimen:

5/8/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SCN 23A

Name of Insured:

4100 KM JIE BYAM

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

2/2/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

17A5N0487664

Policy No.:

70049949-02

Make / Model:

Audi

Place of Accident:

GREEN ST URN CP

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

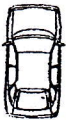
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

Sjx 2209H



INSRS:

WSP:

Tel:

Liability:

RMKS:

Bing Hai



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

Sjx 2209H-X

SCN 23A-X

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:

08/08/19 - vic

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

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:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

Lg

S\$

850.00

(

3

days)

Reduction:

50

%

FINAL SETTLEMENT

Date/Time:

10/10/19

Confirm with

HOM CHENG

Email

Call

Final Liability:

%

100

(A

reed / Assessed)

BOLA S/N No.:

27

Repair Cost:

S\$

850.00

Loss of Rental (LOR):

S\$

300.00

(

3

days)

x 4100.00

Loss of Use (LOU):

S\$

-

(\$

x

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

1,150.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,150.00

Name 1:

BONG HAI MOTOR SERVICE

Payee 2: (Strike if N.A.)

S\$

=

Name 2:

=

Payee 3: (Strike if N.A.)

S\$

=

Name 3:

=

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00