

INS. CASE OWNER:

Loh Chee Heng

CC4/AIG19014660/11 ka3

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time : 21/08/2019

Registered in Merimen: 21/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 6118H

Claim No. : 5045864843SG

Name of Insured :

Policy No. :

Insured Tel No. : HP: 16/08/2020

Make / Model :

Excess Sec II :S\$

D.O.A. : 21/08/2019

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

JKG 6806

INSRS:
WSP: KARZ WORK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	JKG 6806 - X	SLA 6118H - 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:	
			Documentation Check List:	Handler
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 1,500 (4 days) Reduction: 7,972.50/86 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 26/10/2020

Confirm with DARREN

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia : 100

Repair Cost: S\$ 1,500.00

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 35.00 (\$ 5 x 7 days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 36.49

Medical: S\$

Disbursement: VEP S\$ 70.00 (e.g. Tow/ Independent)

Legal Cost S\$

Total: S\$ 1,641.49 Global Sum S\$: 1,640.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 1,640.00

Name 1: Karz Works Pte Ltd

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: TP

3) Survey fee: \$320

3 vehicle collision. OJD head to rear end m/car in front of her and then swerved and collided into TP m/bike. OJD informed that the police outcome is against her for inconsiderate driving.

