

INS. CASE OWNER:

CC 61AIG15009142 / Khai-1

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

02/06/2015

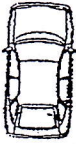
Date / Time:

2/6/15

Registered in Merimen:

3/6/15

Pre-assign / CCU / FTE



Insured Vehicle No. : SKS 642 S

Name of Insured : ONG LEE LIN

Insured Tel No. : HP:

Excess Sec II : S\$ D.O.A : 21/05/2015

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

If NO, Driver Name / Age : ONG 300 HOCK

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

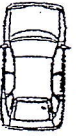
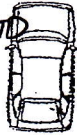
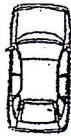
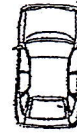
Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SJC 2452G

INSRS:
WSP: K KIM HIN AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJC 2452G - X SKS 642S - X

TP VIDEO UPLOADED IN MERIMEN

03/10/19

GRAND 1ST OFFER TO TP
TP ACCEPTED OFFER.
ALL DOCS IN ORDER
TO CLOSE.

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:

Confirm by:

INITIALIZATION

Date/Time:

Confirm with:

Repair Cost: L16 S\$ 1,380.00 (4 days) Reduction: 8 %

Email ☐ Call ☐

INITIAL SETTLEMENT

Date/Time:

Confirm with

MARGARET

Email ☐ Call ☐

Initial Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost: (w/ LOR)

S\$ 1,476.60

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

110.00

(\$ 30 x 4 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

OR only ☐ LOU only ☒LOR + LOU ☐LOR + LOI ☐

[Tick only one]

IA/LTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

1,598.60

Global Sum S\$:

-

INITIAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Face 1:

S\$

1,598.60

Name 1:

K. KIM. HIN AUTO PTO LTD

Face 2: (Strike if N.A.)

S\$

-

Name 2:

-

Face 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal / Reject / Private Settle

2) Report Format:

3) Survey fee:

(P415)