

15/5/2010

INS. CASE OWNER:

JIMMY FOO

CC4/AIG19016129/Kha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 11/09/2019

Date / Time : 10/09/2019

Registered in Merimen: 11/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 4087U

Claim No. : 5226481384SG

Name of Insured : SANTA BOEKI PTE LTD

Policy No. : 2100374299

Insured Tel No. : HP: _____

Make / Model : CITROEN BERLINGO-1.6 D HDI

Excess Sec II :S\$

D.O.A : 04/09/2019 07:25

Place of Accident : ALONG BOON LAY AVENUE

Is driver the owner?

(YES / NO)

Nature of Accident :

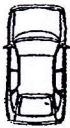
If NO, Driver Name / Age : KOH CHAI HUEI

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

Driver Tel No. : +65-91447195 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLJ 4992R



INSRS:

WSP: SIN MING

Tel : AUTOCARE BFG

Liability :

RMKS:



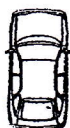
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time		STAGE	DATE / PIC
	GBA 4087U - NA/INC12004096/e1; DOA: 26/02/2012	Non-Reporting ltr (1st):	
	SLJ 4992R - X	Non-Reporting ltr (2nd):	
	FINISHED	Non-Reporting ltr (Final):	
	ORIGINAL TP LOD IN	Notification ltr (if non-pickup):	
		Call OI:	
13/09/19	THIS REVIEWED. OLD SCHEDULE CASE	After call ltr to OI:	25/09/19 - UK
	SMALL LIABILITY CLEAR	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
25/09/19	SEND LETTER TO OI TO NOTIFY TP	After call ltr to OI:	☒
	CLAIM 4 NCD ISSUED	Authorisation To Act:	☒
		Release Voucher:	☒
08/10/19	UPLOAD IA IN MERIMEN	Final Repair Bill:	☒
09/10/19	MG APPROVED WANDATE.	Car Rental Invoice:	☒
10/10/19	SEND 1ST OFFER TO TP	Towing Invoice	☐
	TP ACCEPTED OFFER.	LTA / GIA:	☒
	ALL DOCS IN ORDER.	Medical Bill:	☐
	TO CLOSE.	PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:		Confirm with:		Confirm by:	
FINALIZATION		Date/Time:	Confirm with:		Confirm by:			
Repair Cost:	L/S	S\$ 3,550.00	(6 days)	Reduction:	GA	%	Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:		Email ☒		Call ☐	
Final Liability:		%	100	(Agreed / Assessed)	BOLA S/N No. :	15	If NO or B 28, Ass. Lia :	
Repair Cost:	(w/loss)	S\$ 3,798.50	(OLD SCHEDULE CASE)					
Loss of Rental (LOR):		S\$ 300.00	(5 days)	x	\$100.00			
Loss of Use (LOU):		S\$ -	(\$ x days)					
Loss of Income (LOI):		S\$ -	(\$ x days)					
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]				
GIA/LTA Search		S\$ 2.00						
Medical:		S\$ -						
Disbursement:		S\$ -	(e.g. Tow/ Independent)					
Legal Cost		S\$ -						
Total:		S\$ 4,300.50	Global Sum S\$:		-			
FINAL PAYMENT		Date/Time:	Confirm with:		Email ☐		Call ☐	
Payee 1:		S\$ 4,300.50	Name 1:	SIN HING AUTOCARE BFG PTE LTD				
Payee 2: (Strike if N.A.)		S\$ -	Name 2:	=				
Payee 3: (Strike if N.A.)		S\$ -	Name 3:					