

1000000

INS. CASE OWNER: CHAN KAN HON

CC 4/16/1001 6141

ASSIGNMENT
11/1/01

Surveyor:

Kenneth

DOI:

Date / Time:

11/1/01

Registered in Merimen:

11/1/01

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBF 7957M

Name of Insured:

MAJESTIC CRUISING PTE LTD

Insured Tel No.:

HP:

Excess See II :\$

D.O.A:

7/1/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

CHONG TAYE YIEW

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

9618 086918 06

Policy No.:

Make / Model:

Place of Accident:

OLGIA REPORT YES / NO

TP OLGIA REPORT YES / NO

Insured Liability:

% Final ? Yes / No

SGG 141A



INSRS:
WSP:
Tel:
Liability:
RMKS:

Record Auto



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time	STAGE	DATE / PIC
	Non-Reporting Itr (1st):	
	Non-Reporting Itr (2nd):	
	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
	Call Of:	
	After call Itr to OI:	18/09/19 - vic
18/09/19	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	
	After call Itr 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 with: Confirm by: Email: Call:

FINALIZATION Date/Time: Confirm with: Confirm by: Email: Call:

Repair Cost: L/S \$5,650.00 (5 days) Reduction: 88 %

FINAL SETTLEMENT Date/Time: 07/07/2020 Confirm with: CHUA LAI 27 Email: Call:

If NO or B 28, Ass. Lia: COIP (KATE - WUBB TP)

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27

Repair Cost: (W/GRO) \$2,905.00

Loss of Rental (LOR): \$500.00 (\$80 x 7 days)

Loss of Use (LOU): \$500.00 (\$80 x 7 days)

Loss of Income (LOI): \$500.00 (\$80 x 7 days)

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

GIA/LTA Search \$2.00

Medical: \$5

Disbursement: TOWING \$15.00 (e.g. Tow/Independent)

Legal Cost \$5

Total: \$4,612.60 Global Sum \$5: 4,500.00

FINAL PAYMENT Date/Time: Confirm with: Confirm by: Email: Call:

Payee 1: \$4,500.00 Name 1: ACCORD AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.) \$5 Name 2: -

Payee 3: (Strike if N.A.) \$5 Name 3: -

1) Claim status: (Normal) Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$220.00