

Kbb3

15/5/2010

INS. CASE OWNER:

CC 4 /AIG1901 6910, ~~Kbb3~~

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

02110119

Date / Time :

15/11/19

Registered in Merimen:

15/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 4499T

Name of Insured : KAWWANT SINGH

Insured Tel No. : HP:

Excess Sec II : \$\$ D.O.A. : 15/11/19

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

If NO, Driver Name / Age :

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

GBJ 3531M

INSRS:
WSP:
Tel :
Liability :
RMKS:cheng
HOEINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | 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: | 30/09/19-vic |
| | Documentation Check List: | Handler Typist |
| | Notification ltr (if non-pickup) | <input checked="" 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 checked="" type="checkbox"/> |
| | Towing Invoice: | <input checked="" type="checkbox"/> |
| | LTA / GIA : | <input checked="" type="checkbox"/> |
| | Medical Bill: | <input checked="" type="checkbox"/> |
| | PIR: | <input checked="" type="checkbox"/> |
| | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> |
| | LOD | <input checked="" type="checkbox"/> |
| | Payment Breakdown Form: | <input checked="" type="checkbox"/> |
| | Post-Repair Photos: | <input checked="" type="checkbox"/> |
| | Others: | <input checked="" type="checkbox"/> |
| 30/09/19 | FILE REVIEWED. OI REAR-ENDED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUED. EMAIL LIABILITY CLERK | |
| | ORIGINAL TP LOD IN | |
| 10/03/2021 | SETTLED AND CLOSED / FILE IN DRAWER | |
| PRELIMINARY ADVICE | Date/Time: | Sent By: |
| FINALIZATION | Date/Time: | Confirm with: |
| Repair Cost: P/P | \$5,445.80 | (6 days) Reduction: 6.68 % |
| FINAL SETTLEMENT | Date/Time: 09/03/2021 | Confirm with: JUNE |
| Final Liability: | % 100 | (Agreed / Assessed) BOLA S/N No. : 27 |
| Repair Cost: (W/GST) | \$5,827.01 | |
| Loss of Rental (LOR): | \$720.00 | (6 days) x \$120.00 |
| Loss of Use (LOU): | \$ | (S x days) |
| Loss of Income (LOI): | \$ | (S x days) |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> | | [Tick only one] |
| GIA/LTA Search | \$8.00 | |
| Medical: | \$ | |
| Disbursement: | \$ | (e.g. Tow/ Independent) |
| Legal Cost | \$ | |
| Total: | \$6,555.01 | Global Sum \$5: 6,500.00 |
| FINAL PAYMENT | Date/Time: | Confirm with: |
| Payee 1: | \$6,500.00 | Name 1: CHENG HOE MOTOR PTE LTD |
| Payee 2: (Strike if N.A.) | \$ | Name 2: |
| Payee 3: (Strike if N.A.) | \$ | Name 3: |