

15/5/2010

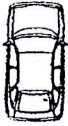
INS. CASE OWNER: LOH CHIE HONG CC4/AIG1901 6911, KHH.

LKK:

IDAC:

Surveyor: KENNETH DOI: ASSIGNMENT 2011019Date / Time: 25/1/10Registered in Merimen: 25/1/10

Pre-assign / CCU / FTE



Insured Vehicle No. : SCR 3624A
 Name of Insured : THAM MATE LAM JIU
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$ _____ D.O.A : 23/9/10
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : 3961277666
 Policy No. : 700011142-12
 Make / Model : TOYOTA
 Place of Accident : WORKING HIGHWAY

If NO, Driver Name / Age :

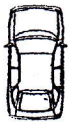
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SUM 72311

INSRS: cheng
 WSP: HOL
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time		STAGE	DATE / PIC
	<u>SUM 72311 - X</u>		
	<u>SCR 3624A - X</u>		
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI: <u>011019 - VIC</u>	
		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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: \$10 S\$ 1,509.40 (2 days) Reduction: 11 %Email ☐ Call ☐FINAL SETTLEMENT Date/Time: 21/01/20 Confirm with:Email ☒ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (w/loss) S\$ 1,615.06(OI RATE-ENDED TP)

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

Loss of Use (LOU): S\$ 120.00 (\$ 60 x 2 days)

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

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]GIA/LTA Search S\$ 8.00

Medical: S\$ -

1) Claim status: Normal/Reject/Private Settle

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

2) Report Format:

Legal Cost S\$ -

3) Survey fee: \$320.00Total: S\$ 1,743.06

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐Payee 1: S\$ 1,743.06Name 1: CHENG HOE MOTOR PTE LTD

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

Name 2: -

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

Name 3: -