

15/5/2010

INS. CASE OWNER: LOH CHEE HENG CC 3 /AIG1901

LKK:

IDAC:

Surveyor:

STEVE

DOI:

ASSIGNMENT

Vb/Alia.

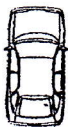
Date / Time:

Vb/Alia.

Registered in Merimen:

Vb/Alia.

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMF 8659L

Claim No.:

7AG606736069G

Name of Insured:

GOLDEN CAR RENTAL P/L

Policy No.:

9AADA4216

Insured Tel No.:

HP:

Make / Model:

TOYOTA

Excess Sec II :S\$

D.O.A.:

19/9/19

Place of Accident:

PAPETUA UTU.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

LEWAMY SUND LUN

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SG 1711M



INSRS:

WSP:

Tel:

Liability:

RMKS:

SMKT



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
	skip xim	Non-Reporting ltr (1st):	
	smf 8659L	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
01/10/19	MIS REVIEWED. BOTH PARTIES TURNING @ SUBSTION. SEND LETTER TO OI TO NOTIFY TP CLAIM AND NCD ISSUES.	After call ltr to OI:	01/10/19 - VIC
	TO REQUEST EVIDENCE TO TP	Documentation Check List: Handler	Typist
	PINACHED	Notification ltr (if non-pickup)	
16/10/19	TP LOB IN BY EMAIL	After call ltr to OI:	
	EMAIL TO TP REQUEST EVIDENCE	Authorisation To Act:	
	TP NO EVIDENCE	Release Voucher:	
06/02/2020	UPLOADED MANDATE 1A IN MERIMEN	Final Repair Bill:	
	MIG APPROVED MANDATE	Car Rental Invoice:	
10/02/2020	SEND 1ST OFFER TO TP.	Towing Invoice	
11/02/2020	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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

S\$ 1,768.00

(2 days) Reduction:

19 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

11/02/2020

Confirm with:

PATRICK

Email ☒ Call ☐

Final Liability:

%

50

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost: 1,768.00

S\$

884.00

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU): 1000

S\$

500.00

(\$250 x 4 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐ LOU only ☒

S\$

7.00

LOR + LOU ☐ LOR + LO ☐

[Tick only one]

GIA/LTA Search 47.00

S\$

7.00

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

4320.00

Total: 42,775.00

S\$

1,391.00

Global Sum S\$:

1,390.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

1,390.00

Name 1:

SMRT BUSES LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-