

15/5/2010

CC3/AIG19017412/T1ka3

LKK:

INS. CASE OWNER:

CC /AIG1900 /

IDAC:

ASSIGNMENT

DOI: 05/11/2019

Surveyor:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV4361Z

Claim No. :

Name of Insured : ONG BOON SENG

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$ D.O.A. 30/09/2019

Place of Accident : PARKWAY PARADE
SHOPPING CEN MSCP

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

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

INSRS:
WSP: TP
Tel: SDE8136R
Liability:
RMKS:INSRS:
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:	
	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:	
Repair Cost:	P/P \$S 15,211.25 (5 days) Reduction: %	Confirm by: Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 20/4/2020 Confirm with Caroline		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	\$S 16,276.04		
Loss of Rental (LOR):	\$S - (- days)		
Loss of Use (LOU):	\$S 600 (\$ 120 x 5 days)		
Loss of Income (LOI):	\$S - (\$ - x - days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	\$S 2.00		
Medical:	\$S -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$320	
Total:	\$S 16,878.04	Global Sum \$S:	
FINAL PAYMENT Date/Time:		Confirm with: Email ☐ Call ☐	
Payee 1:	\$S 16,878.04	Name 1:	Performance Motors Limited
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	