

INS. CASE OWNER:

CC4/EQ119017465/Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

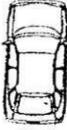
KENNETH

DOI: 04/10/2019

Date / Time : 02/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 6674E

Claim No. : DM19HO02650-JG

Name of Insured : J2 CONSULTANT PTE LTD

Policy No. : DMCPHQ18-006535

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA DYNA 150-3.0 D 5MT (M)

Excess Sec II :SS _____ D.O.A : 20/09/2019 16:00

Place of Accident : BARTLEY ROAD TOWARDS BRADDELL ROAD

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

If NO, Driver Name / Age : LEE WING HOON

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

Driver Tel No. : +65-91298936 (VL: YES / NO)

Insured Liability : % Final ? Yes / No

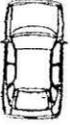
YN 6902M

GY 4571C

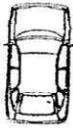
GBG 6674E

FX 1394J

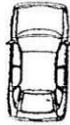
SKS 2284D



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS: OI



INSRS: WSP: KIM KEAT Tel: Liability: RMKS: TP



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC
GBG6674E - CC4/AIG19008606/Upa3q2; DOA: 13/05/19 - CS3/EQ118003753/T1d3s2; DOA: 17/02/18 FX 1394J } NA/MSG19016681/z4; DOA: 20/09/19 - NA/MSG16005927/h4; DOA: 22/3/16	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
Call OI:	July 22/10/19	
After call ltr to OI:		
Documentation Check List: Handler Typist		
Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
After call ltr to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
PIR:	<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
LOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: S\$ 1600.00 (5 days) Reduction: 56 %

FINAL SETTLEMENT Date/Time: 18/10/2020 Confirm with: Victor Email: Call:

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. 28(5cc 01D 3rd) If NO or B 28, Ass. Lia: 0%

Repair Cost: S\$ 1600.00

Loss of Rental (LOR): S\$ _____ (_____ days)
Loss of Use (LOU): S\$ 125.00 (\$25 x 5 days)
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search SS _____
Medical: SS _____

Disbursement: SS _____ (e.g. Tow/ Independent)
Legal Cost SS _____

Total: S\$ 1725.00 Global Sum S\$:
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: S\$ 400.00

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

Payee 1: SS 1725.00 Name 1: Kim Keat Motor Co.

Payee 2: (Strike if N.A.) SS _____ Name 2: _____

Payee 3: (Strike if N.A.) SS _____ Name 3: _____

