

15/5/2010

INS. CASE OWNER:

BORNHOLD

CC 4/AIG1901

7750, A

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT
17/12/19

Date / Time:

10/10/19

Registered in Merimen:

11/10/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLL 517X

Claim No.:

1A718597596G

Name of Insured:

Low Yam Heng

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

3/10/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SJS 7761T



INSRS:

WSP:

Tel:

Liability:

RMKS:

THK



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
16/10	Non-Reporting ltr (1st):	23/10/2019
26/11	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	11/11/2019
	Notification ltr (if non-pickup):	
	Call OI:	
09/12/19 @ 4PM	After call ltr to OI:	09/12/19 - oic
	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: L6	S\$ 850.00 (3 days) Reduction: 76 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 23/03/2020	Confirm with: SHIMIN	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.:	NIL
Repair Cost: (w/acc)	S\$ 909.50	
Loss of Rental (LOR):	S\$ 200.00 (2 days) x \$100.00	
Loss of Use (LOU):	S\$ - (\$ x 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\$ -	
Disbursement:	S\$ - (e.g. Tow/ Independent)	
Legal Cost	S\$ -	
Total:	S\$ 1,111.50 Global Sum S\$: -	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 1,111.50 Name 1: JOO HAK KEE AUTO PTG LTD	
Payee 2: (Strike if N.A.)	S\$ - Name 2: -	
Payee 3: (Strike if N.A.)	S\$ - Name 3: -	

COPY SENT
20/12/2019

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$250.00

4) RA fee: \$2.54 X 2