

15/5/2010

INS. CASE OWNER:

LEE KING YAO

CC 4/H/1901

8438, U/W/7

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

ASSIGNMENT
22/10/19

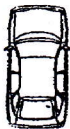
Date / Time :

18/10/19

Registered in Merimen:

18/10/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLK 2464G

Name of Insured :

Ang Kim NEO

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

12/10/19

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

626034766889

Policy No. :

2100493705-02V1

Make / Model :

Toyota

Place of Accident :

Finnis link

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

GBJ 13111



INSRS:

WSP:

Tel :

Liability :

RMKS:

think
one

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBJ 13111
SLK 2464G
12/10/19 @ 2:30PM
- STOKES TO OI. CONFIRMED DOA ON 12/10 (SAT). OI SAID SHE SUGGESTED KATE ENDED TP. INFORMED HER OF TP CLAIM. OI SAID, TP NO DAMAGES. OI GOT PHOTOS OF TP.

MINUTED
- TP LOD IN BY EMAIL

15/11/19
02/03/2020
- UPLOAD IA IN MERIMEN
- AG APPROVED MANDATE
- SEND 1st OFFER TO TP
- TP ACCEPTED OFFER.
- ALL DOCS IN ORDER.
- TO CLOSE.

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:

12/10/19 - JIC

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: L16

S\$ 2,700.00 (3

days) Reduction:

67 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

MICHAEL

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost: (21/6/19)

S\$ 2,889.00

COI (KATE ENDED TP)

Loss of Rental (LOR):

S\$

-

-

(

days)

Loss of Use (LOU):

S\$

300.00

(\$ 100 x 3

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:

Legal Cost

S\$

-

3) Survey fee:

4320.00

Total:

S\$ 3,191.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,191.00

Name 1:

THINK ONE AUTOCARE PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-