

INS. CASE OWNER:

CHAI KAN NONG

CC 6/AIG1901

9329, Ubatuba

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

ASSIGNMENT

12/11/19

Date / Time:

20/11/19

Registered in Merimen:

12/11/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLA 5205X

Claim No.:

261649071105

Name of Insured:

YU TEE FUNG

Policy No.:

N014909005-03

Insured Tel No.:

HP:

Make / Model:

MITSUBISHI

Excess Sec II :S\$

D.O.A.:

27/10/19

Place of Accident:

TAL TIA PAYUN LUTRAL

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

SKL 1819E



INSRS:

WSP:

Tel:

Liability:

RMKS:

STK.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SKL 1819E - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	20/11/19-JK
		Documentation Check List: Handler	
		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:		Confirm with:		Confirm by:	
Repair Cost:	US	S\$ 4,700.00	(3 days)	Reduction:	49 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time:		Confirm with:		Email ☒		Call ☐	
Final Liability:	%	20	(Agreed / Assessed)	BOLA S/N No.:	DL	If NO or B 28, Ass. Lia.:	
Repair Costs:	S\$	2,514.50		(OI Rejected)			
Loss of Rental (LOR):	S\$	()	days				
Loss of Use (LOU):	S\$	160.00	(S\$ 20 x 4 days)				
Loss of Income (LOI):	S\$	()	x days				
LOR only ☐	LOU only ☒	LOR + LOU ☐	LOR + LO ☐	(Tick only one)			
GIA/LTA Search:	S\$	745					
Medical:	S\$						
Disbursement:	S\$		(e.g. Tow/ Independent)				
Legal Cost:	S\$						
Total:	S\$	2,681.95		Global Sum S\$:	2,650.00		
FINAL PAYMENT Date/Time:		Confirm with:		Email ☐		Call ☐	
Payee 1:	S\$	2,650.00		Name 1:	GTK AUTO COO PRS VED		
Payee 2: (Strike if N.A.)	S\$	—		Name 2:	—		
Payee 3: (Strike if N.A.)	S\$	—		Name 3:	—		