

INS. CASE OWNER:

SALINA

CC 6 /AIG1901

9677, 1167.

LKK:

IDAC:

Surveyor:

Marms

DOI:

ASSIGNMENT

6/11/19

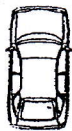
Date / Time :

6/11/19

Registered in Merimen:

6/11/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SGK 72779

Claim No. :

61377777777777

Name of Insured :

ONG HOO N CHUAN (WANG JUNG HUAN)

Policy No. :

1900117067

Insured Tel No. :

HP:

Make / Model :

TOYOTA

Excess Sec II :S\$

D.O.A :

8/7/19

Place of Accident :

TK HOSPITAL IP

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

SE 410TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Fastech



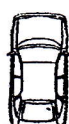
INSRS:

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: 27/11/19 - PIC	
	After call ltr to OI: 15/11/19 - VIC	
	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: AGAINST OI	☒
	Mandate/Reject Instruction:	☒
	LOD	☒
	Payment Breakdown Form:	☐
	Post-Repair Photos:	☐
	Others:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: L16 S\$ 2,800.00 (3 days) Reduction: 77 %	Confirm by:	
FINAL SETTLEMENT Date/Time: 03/02/20 Confirm with: XEON	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : N/A	If NO or B 28, Ass. Lia :	
Repair Cost: (w/gov) S\$ 2,996.00	OI HIT PARKED TP TP VIDEO IN	
Loss of Rental (LOR): S\$ 200.00 (2 days) x \$100		
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\$ -	1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ -	2) Report Format:	
Legal Cost S\$ -	3) Survey fee: \$320.00	
Total: S\$ 3,198.00 Global Sum S\$: 3,190.00		
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1: S\$ 3,190.00	Email ☐ Call ☐	
Payee 2: (Strike if N.A.) S\$ -	Name 1: FASTECH AUTO PTB LTD	
Payee 3: (Strike if N.A.) S\$ -	Name 2: -	
	Name 3: -	