

15/5/2010

INS. CASE OWNER:

CHAN KIAN HONG

CC

3/AIG1902 0573 / EWB

LKK:

IDAC:

Surveyor:

STONE

DOI:

ASSIGNMENT

25/11/19

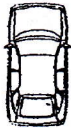
Date / Time :

20/11/19

Registered in Merimen:

20/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMC 9795G

Name of Insured :

Chan Tien Yung

Insured Tel No. :

HP:

Claim No. :

519570918266

Policy No. :

1800 058797

Make / Model :

MKZ 2019

Place of Accident :

LTE

Excess Sec II :S\$

D.O.A. :

11/11/19

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

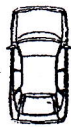
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SDP 91114

INSRS:
WSP:
Tel :
Liability :
RMKS:

premium

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SDP 91114	Non-Reporting ltr (1st):	
	SMC 9795G	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
25/11/19	PIU REVIEWED. OI REPEATED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCB ISSUES. EMAIL LIABILITY CLAR. PINKURSED TP LOD IN BY EMAIL	After call ltr to OI:	25/11/19 - 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:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: 4/P	S\$ 3,969.20 (5 days) Reduction: 68 %			Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/02/20	Confirm with: NAPA		Email ☒ Call ☐
Final Liability:	% 100 (Agreed/ Assessed) BOLA S/N No. :	77		If NO or B 28, Ass. Lia :
Repair Cost: (w/loss)	S\$ 4,247.04			(OI REPEATED TP)
Loss of Rental (LOR):	S\$ - (days)			
Loss of Use (LOU):	S\$ 300.00 (\$60 x 5 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: \$310.00
Total:	S\$ 4,549.04	Global Sum S\$: -		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 4,549.04	Name 1: PREMIUM AUTOMOBILES PTE LTD		
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -		
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -		