

15/5/2010

INS. CASE OWNER:

Josey Loh

CC4/FWD19020995/Apa3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT
27.11.2019

Date / Time : 26.11.2019

Registered in Merimen: 27.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SGT 3059Z

Name of Insured : YEO KEE CHAO LIONEL

Insured Tel No. : HP: +65-98438213

Excess Sec II :S\$ D.O.A : 23.11.2019

Is driver the owner? (☒ YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO)

Claim No. : 1201900036537

Policy No. : PNPV2019-00009000

Make / Model : MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT

Place of Accident : ALONG PIE BEFORE TOA PAYOH 6 EXIT

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

Insured Liability : % Final ? Yes / No

BJP 3288

INSRS:
WSP: BEST
Tel : SOLUTION
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	BJP 3288 - X	SGT 3059Z - X	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:	
			Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum	S\$ 10,900.00	(9 days) Reduction: 54 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 20/08/2020	Confirm with Cui Ping	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 10,900.00			
Loss of Rental (LOR):	S\$ 1,200.00	(12 days) X \$100		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ 7.45			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
Total:	S\$ 12,107.45	Global Sum S\$: 12,100.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 12,100.00	Name 1: Best Solution Autocare Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		