

15/5/2010

CC4/AIG19021499/Gkb3

LKK:

CC /AIG1900 /

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

6 12 2019

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ9399J

Claim No. : _____

Name of Insured : GOH EE MENG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 30/11/2019

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

INSRS:
WSP: SMD 4245J
Tel: TP
Liability:
RMKS: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:		
	After call ltr to OI:		
	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:		
PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost: L/S	\$S 1,450.00	(3 days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 24/4/2020	Confirm with WEN	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0	
Repair Cost: (w/GST)	\$S 1,551.50	3 vehicle chain collision, Insured 2nd vehicle	
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	\$S 180.00 (\$ 60 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/Reject to settle	
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S	3) Survey fee: \$320	
Total:	\$S 1,733.50	Global Sum \$S: 1,730.00	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	\$S 1,730.00	Name 1: BH Auto Services Pte Ltd	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	