

15/5/2010

INS. CASE OWNER:

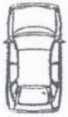
CC 3 ALH190 WTEV, dln

LKK:
IDAC:Surveyor: Steve DOI: 13/1/2020

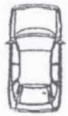
ASSIGNMENT

Date / Time: 24/1/19
Registered in Merimen: VF/Men

Pre-assign / CCU / FTE

Insured Vehicle No.: SDY 123A (s)
Name of Insured: KUMAROW ENTERPRISE PVT LTD
Insured Tel No.: _____ HP: _____
Excess Sec II :S\$ _____ D.O.A: VF/Men
Is driver the owner? (YES / NO) Nature of Accident: _____Claim No.: _____
Policy No.: 60000678-01
Make / Model: MBLETS
Place of Accident: MANSON ROADIf NO, Driver Name / Age: HAM TEUK KUANH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No.: _____ (V/L: YES / NO) Insured Liability: % Final ? Yes / No

SMN2767E

INSRS:
WSP: Premium
Tel: _____
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:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Confirm by: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	
Repair Cost: S\$ 8,663.20	(3 days) Reduction: 52 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>14/04/2020</u> Confirm with: <u>Nadia</u>		Email ☒	Call ☐
Final Liability: % <u>100</u>	(Agreed / Assessed) BOLA S/N No.: <u>NIL</u>	If NO or B 28, Ass. Lia: _____	
Repair Cost: (w/GST) S\$ 9,269.62			
Loss of Rental (LOR): S\$ -	(days)		
Loss of Use (LOU): S\$ 300.00	(\$ 100 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/Dispute/Settle		
Disbursement: S\$ -	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost S\$ -	3) Survey fee: <u>\$320</u>		
Total: S\$ 9,571.62	Global Sum S\$: _____		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	
Payee 1: S\$ 9,571.62	Name 1: <u>Premium Automobiles Pte Ltd</u>	Email ☐	Call ☐
Payee 2: (Strike if N.A.) S\$ -	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ -	Name 3: _____		