

15/5/2010

INS. CASE OWNER:

NORSIAH

CC4/AIG20000002/Uha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

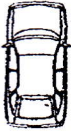
MARCUS

DOI: 31/12/2019

Date / Time : 30.12.2019

Registered in Merimen: 02.01.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SCR 8378C

Claim No. : 9338083177SG

Name of Insured : KANG LAH SEE @ PAULINE KANG

Policy No. : 1800071948

Insured Tel No. : HP: _____

Make / Model : MERCEDES-BENZ B180

Excess Sec II : S\$ _____ D.O.A : 27/12/2019 11:20

Place of Accident : T-JCT TOA PAYOH LOR 3 & LOR 4

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

If NO, Driver Name / Age : _____

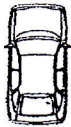
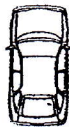
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLK 4391U

INSRS:
WSP: FOCUS
Tel: AUTO
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	SCR 8378C - CC6/AXA12013493/Ghc3f1 ; DOA: 06.07.12	Non-Reporting ltr (1st):	
	SLK 4391U - X	Non-Reporting ltr (2nd):	
	MANDATE	Non-Reporting ltr (Final):	
	TP LOD IN BY EUNIL	Notification ltr (if non-pickup):	
10/2/20 1:23pm	spoke to OI. OI turning from minor road and hit TP. Informed TP claim & advise NOD affected. letter sent.	Call OI: 7/10/2 JC	
		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:	
FINALIZATION		Date/Time:	Confirm with:	
Repair Cost:	L16	S\$ 3,800.00	(4 days) Reduction:	46 %
FINAL SETTLEMENT		Date/Time:	Confirm with:	
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. :	9
Repair Cost:	(w/LOU)	S\$ 3,745.00		
Loss of Rental (LOR):	S\$	700.00	(7 days) X \$100.00	
Loss of Use (LOU):	S\$	—	(\$ x days)	
Loss of Income (LOI):	S\$	—	(\$ x days)	
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$	31.00		
Medical:	S\$	—		
Disbursement:	S\$	—	(e.g. Tow/ Independent)	
Legal Cost	S\$	—		
Total:	S\$	4,476.00	Global Sum S\$:	—
FINAL PAYMENT		Date/Time:	Confirm with:	
Payee 1:	S\$	4,476.00	Name 1:	FOCUS AUTO PTE LTD
Payee 2: (Strike if N.A.)	S\$	—	Name 2:	—
Payee 3: (Strike if N.A.)	S\$	—	Name 3:	—