

15/5/2020

INS. CASE OWNER: LEE HING YAO

CC 4/ A/G 2000 0524 / T1hs3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Taufelch

DOI:

13/1/2020

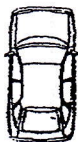
Date / Time:

8/1/2020

Registered in Merimen:

8/1/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJA8718LName of Insured : Lim Hai Leong

Insured Tel No. : _____ HP: _____

Excess Sec II :S\$ _____ D.O.A : 28/12/19Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)Claim No. : 7030621 96866

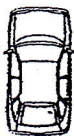
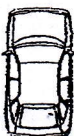
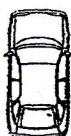
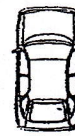
Policy No. : _____

Make / Model : _____

Place of Accident : _____

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

Insured Liability : _____ % Final ? Yes / No

SKL 2791TINSRS:
WSP: Hua Tiong
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:	
12/01/2020	SKL 2791T: X ; SJA8718L: X	
18/2 4:45pm	called but no response.	
19/2 9:43am	spoke to OI, OI hpf TP from behind. Informal TP claim & advise N/A affected. email sent.	
03/03/2020	TYPE REPORT FOR MANDATE APPROVAL	
10/03/2020	REPORT DONE	
19/03/2020	SEND 1ST OFFER TO TP.	
	TP ACCEPTED OFFER. ALL DOCS IN ORDER.	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>46</u>	S\$ <u>8,750.00</u> (<u>8</u> days) Reduction: <u>84</u> %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>19/03/2020</u> Confirm with: <u>BOOK KWAH</u> Email ☒ Call ☐		
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No.: <u>27</u>	If NO or B 28, Ass. Lia: <u>COI (KWAH - ENDED TP)</u>
Repair Cost: (w/loss)	S\$ <u>9,362.50</u>	
Loss of Rental (LOR) (w/loss)	S\$ <u>1,123.50</u> (<u>7</u> days) X <u>4150</u>	
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\$ <u>2.00</u>	
Medical:	S\$ -	
Disbursement:	S\$ - (e.g. Tow/ Independent)	
Legal Cost	S\$ -	
Total:	S\$ <u>10,486.00</u> Global Sum S\$: -	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ <u>10,486.00</u> Name 1: <u>HUA TIONG CONTRACTOR PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ - Name 2: -	
Payee 3: (Strike if N.A.)	S\$ - Name 3: -	