

15/5/2010

CC6/AIG20000595/Abs3q2

LKK:

INS. CASE OWNER:

IDAC:

ASSIGNMENT

Surveyor:

Adrian

DOI:

8/1/2020

Date / Time :

8/1/2020

Registered in Merimen:

9/1/2020

Pre-assign / CCU / FTE

5867673128SG



Insured Vehicle No. : SLW 174 T

Claim No. : 5867673128SG

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$ D.O.A : 6/1/2020

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

GBA3529T

INSRS:
WSP: Kai Motor
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBA 3529T : NA/LPC 9012932/44; DDA: 22/2/19	Non-Reporting ltr (1st):	
	SLW 174T : CS/FC 18016351/UC2322; DDA: 1/9/18	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"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
01/09/2020	SETTLED AND CLOSED/ FILE IN DRAWER	Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost: L/S	S\$ 2,850.00 (6 days)	Reduction: 63.65 %	Confirm by:
FINAL SETTLEMENT		Date/Time: 31/08/2020	Confirm with: MS KYM
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: (W/GST)	S\$ 3,049.50		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 600.00 (\$100 x 6 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:			
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 3,656.95	Global Sum S\$: 3,560.00	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$ 3,560.00	Name 1:	KAI MOTOR TRADING
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: ☐ TP
 3) Survey fee: \$320.00