

15/5/2010

EILEEN BAY

CC4/FWD20002707/ A pa3

LKK:

IDAC:

INS. CASE OWNER:

AUN TENG

ASSIGNMENT

DOI:

17/02/2020

Date / Time : 17/02/2020

Registered in Merimen: 17/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 3416X

Name of Insured : CHAN HUI LING

Insured Tel No. : HP:

Excess Sec II : \$\$

Is driver the owner? (☒ YES / NO)

D.O.A : 14/02/2020 07:55

Nature of Accident :

Claim No. : 1202000008670

X

Policy No. : PNPV2019-00004646

Make / Model : HYUNDAI ACCENT

Place of Accident : BARTLEY VIADUCT

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

Insured Liability : % Final ? Yes / No

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

SGV 7148M

INSRS:
WSP: Premium
Tel: Carz Services
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLX 3416X - NBA/FWD20001327/Y; DOA: 22.1.2020	Non-Reporting ltr (1st):
	SGV 7148M - CS/MSG17009824/Uybe2; DOA: 19.05.17	Non-Reporting ltr (2nd):
	NA/MSG17013636/r3; DOA: 19.05.17	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: ☐ ☐
22/06/2020	Pls refer to VIEWS for details.	

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	22/06/2020	Aun Teng	Confirm with:	Confirm by:
Repair Cost: L/sum	\$S\$ 4,300.00	(9 days) Reduction: 80 %			Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/06/2020	Confirm with: Aun Teng			Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28			If NO or B 28, Ass. Lia : 100
Repair Cost:	\$S\$ 4,300.00				
Loss of Rental (LOR):	\$S\$ 800.00	(8 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\$ 7.45				
Medical:	\$S\$				
Disbursement:	\$S\$ 60.00	(e.g. Tow/ Independent)			
Legal Cost	\$S\$				
Total:	\$S\$ 5,167.45	Global Sum \$S\$: 5,150.00			Email ☒ Call ☐
FINAL PAYMENT	Date/Time:	Confirm with:			
Payee 1:	\$S\$ 5,150.00	Name 1: Premium Carz Services Pte Ltd			
Payee 2: (Strike if N.A.)	\$S\$	Name 2:			
Payee 3: (Strike if N.A.)	\$S\$	Name 3:			