

INS. CASE OWNER:

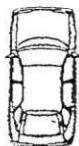
CC 4 /AIG 2000 6238 / Qds3

LKK:

IDAC:

ASSIGNMENTSurveyor: OSPDOI: 12/06/2020Date / Time : 12/06/2020Registered in Merimen: 12/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLD 6702E

Claim No. : _____

Name of Insured : EILEEN KOH POH YIP

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 09/06/2020

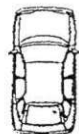
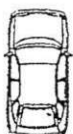
Place of Accident : _____

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

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SJJ 3207EINSRS:
WSP: MOHAMED
Tel : ELECTRO-MART
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJJ 3207E : NA/INC08033950/w1 ; DOA : 30/12/2008 SLD 6702E : X		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:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	\$S 3,250.00	(4 days) Reduction: 33 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 21/08/2020	Confirm with Ameer Ali	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 3,250.00			
Loss of Rental (LOR):	\$S 220.00	(4 days) X \$55		
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 -			
Medical:	\$S -		1) Claim status: Normal Reject Private Sewer	
Disbursement:	\$S -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -		3) Survey fee: \$320	
Total:	\$S 3,470.00	Global Sum \$S:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	\$S 3,470.00	Name 1: Mohamed Automobile		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		