

INS. CASE OWNER:

CC 4/AIG1702

3378, Ulu

LKK:
IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

8/11/14

Date / Time:

8/11/14

Registered in Merimen:

8/11/14

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBF 3219L

Claim No.:

31471902715G

Name of Insured:

SANTO ACCESS SYSTEM PTE

Policy No.:

Insured Tel No.:

HP:

Make / Model:

MSSM

Excess Sec II :\$S

D.O.A.:

25/11/14

Place of Accident:

RD 1 AYER RAJAH

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

EX PRESSWAY

If NO, Driver Name / Age:

FRANTHASAMY RAJAKUMAR

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

Driver Tel No.:

(V/L: YES / NO)

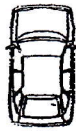
Insured Liability: %

Final ? Yes / No

JSB 7958

INSRS:
WSP:
Tel:
Liability:
RMKS:

Profia

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time		STAGE	DATE / PIC
13/11/14	JSB 7958x GBF 3219Lx	Non-Reporting ltr (1st):	
13/11/14	MINARATED	Non-Reporting ltr (2nd):	
	TO GET OI POLICE REPORT PAGES 2/3.	Non-Reporting ltr (Final):	
	TO CHECK IF TRAFFIC POLICE INVESTIGATION IS	Notification ltr (if non-pickup):	
	OUT	Call OI: 25/11/14 10:25 AM	03/02/15 - VIC AL
		After call ltr to OI:	
		Documentation Check List: Handler	Typist
25/11/14 10:25 AM	Spoke to OI, Santo Access System v/a 98369678, OI	Notification ltr (if non-pickup)	☒
	will forward Traffic police investigation report stating	After call ltr to OI:	☒
	of not liable. Will email to us upon receiving letter. Cth	Authorisation To Act:	☒
03/02/15	SEND LETTER TO OI.	Release Voucher:	☒
	PENDING OI FIR.	Final Repair Bill:	☒
24/04/15	TP LOD IN. PIC AGAINST OUI - INCOM. DRW.	Car Rental Invoice:	☐
31/07/15	EMAIL 1st OFFER.	Towing Invoice	☐
	RECEIVED ORIG. DV 4 KTA. TP ACCEPTED	LTA / GIA:	☐
	OFFER.	Medical Bill:	☐
	ALL BOOK IN ORDER.	PIR: AGAINST OUI	☒
	TO CLOSE.	Mandate/Reject Instruction:	☐
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Post-Repair Photos:	☐
	Sent By:	Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L15	\$S 2,000.00 (5 days)	Reduction: 53 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	NIL
Repair Cost:	\$S 2,000.00		
Loss of Rental (LOR):	\$S - (days)		
Loss of Use (LOU):	\$S 140.00 (\$ 20 x 7 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 -		
Disbursement:	\$S - (e.g. Tow/ Independent)		
Legal Cost	\$S -		
Total:	\$S 2,140.00	Global Sum \$S: 2,100.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 2,100.00	Name 1:	PROPIA MOTOR TRADING PTE LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-