

15/5/2010

INS. CASE OWNER: SHAWN

CC 6 /AIG1702 3782, AUB

LKK:
IDAC:

Surveyor: Adnan

DOI: ASSIGNMENT 12/12/17

Date / Time: 12/12/17

Registered in Merimen: 14/12/17

Pre-assign / CCU / FTE

Insured Vehicle No.: GBA 79215

Claim No.: 610682916534

Name of Insured: ALIUS STEEL TECH (S) PTE

Policy No.: 200058645

Insured Tel No.: HP: 11/12/17

Make / Model: MITSUBISHI

Excess Sec II :\$\$ D.O.A.: 11/12/17

Place of Accident: 362 UPP DAYAR UBAR RD CP AREA

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

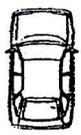
If NO, Driver Name / Age: MAMANSAMY SENTHILKUMAR
Driver Tel No.: (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability: % Final? Yes / No

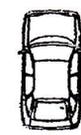
SVV 9508m



INSRS: WSP: Tel: Liability: RMKS: pegasus



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INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
18/12/17	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
18-12-17 @ 4:04	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: EMAIL	<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"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input 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:

REALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P \$5,845.05 (4 days) Reduction: 42 % Email Call

GLOBAL SETTLEMENT Date/Time: 28/10/19 Confirm with: CARTRON Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: NIL (OLD RENTERS)

Repair Cost: (w/GRV) \$5,044.20

Loss of Rental (LOR): \$5 (days) Loss of Use (LOU): \$5 x 6.5 days (RATES @ \$66.95 HOE @ \$100/HR)

Loss of Income (LOI): \$5 (\$ x days) LOD only LOU only LOR + LOU LOR + LOI [Tick only one]

GA/LTA Search: \$5 Medical: \$5 Disbursement: \$5 (e.g. Tow/Independent) 1) Claim status: Normal/Reject/Private Settle

Legal Cost: \$5 2) Report Format: 3) Survey fee: \$320.00

TOTAL: \$5,759.20 Global Sum \$5: 5,750.00

GLOBAL PAYMENT Date/Time: Confirm with: Email Call

Page 1: \$5,750.00 Name 1: PEGASUS ENGINEERING & TRADING PTE LTD

Page 2: (Strike if N.A.) \$5 Name 2: -

Page 3: (Strike if N.A.) \$5 Name 3: -