

INS. CASE OWNER:

Bennie

CC 6 / AIG17024227 /

T/4439

LKK:

IDAC:

Surveyor:

TAUFIKH

DOI:

ASSIGNMENT

20/12/17

Date / Time:

20/12/17

Registered in Merimen:

21/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

GGG 7561R

Claim No.:

713904678659

Name of Insured:

DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD

Policy No.:

Insured Tel No.:

HP: 9027 2964

Make / Model:

MERCEDES-BENZ CITAN 109 CDI

Excess Sec II : \$S

D.O.A: 17/12/17

Place of Accident:

EL SMT GDR
CP OF BLK 47A JALAN KAYU

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age: MUHAMMAD HAZKAL BIN SALIM

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

Driver Tel No.: 9027 2964

(V/L: ☒ YES / NO)

Insured Liability: %

Final ? Yes / No

SJT 5176U



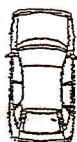
INSRS:

WSP: J-MART

Tel:

Liability:

RMKS:



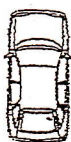
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SJT 5176U - NALINC 17023935/14 DOA: 17/12/17
GGG 7561R - NALINC 17023935/14 DOA: 17/12/17

STAGE

DATE / PIC

22/12/17 (THAN THIN)

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:

29/12/17 @ 4:34

oi rear-ended to TP. Send letter to OI.

- TP LOB IN BY BUKIT

pass to finalise - thin thin

12/12/18

- REPORT LONG

- BOOK WANDERER REBOOK TO MG

12/12/18

RECEIVED 30 OCT 2018
- HIG APPROVED WANDERER

28/10/19

- SEND 1st OFFER TO TP

- REJECT PV. TP ACCEPTED OFFER.

- ALL DOCS IN ORDER.

- TO CLOSE.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L6

S\$ 7,700.00

(7

days) Reduction:

28

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(

Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost: (20/650)

S\$ 8239.00

COIP REAR-ENDED TP

Loss of Rental (LOR):

S\$ 900.00

(9

days) x100

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\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/ Independent)

Total:

S\$ 9,139.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 9,139.00

Name 1:

J-MART MOTOR PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: