

INS. CASE OWNER:

Janet

CC6/EQ1170 2 4304 / U 46

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MARCUS

DOI:

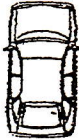
26/12/17

Date / Time:

22/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GT 8896R

Claim No.:

DM17H002958/JT

Name of Insured:

VENDA ENGINEERING & TRADING PTE LTD

Policy No.:

DMCPHQ17-001787

Insured Tel No.:

HP:

Make / Model:

TOYOTA DYNA 1500

Excess Sec II :SS

D.O.A.:

21/12/17

Place of Accident:

BLK 181 ANG MO KEO AVE 5
5 OPEN CARPARK

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: LOW SEW ONN

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

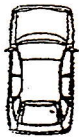
Driver Tel No.: 9632 4503

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SDP 4716K



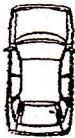
INSRS:

WSP: Stytech Auto

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

29/01/18 (THU THU)

SDP 4716K - X ; GT 8896R - 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:

04102/19-01C

OI report no accident.

request evidence from TP. pending for

PIR.

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: NO BV

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR: - AGAINST OIO

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

26/01/18

Sent By:

Shirley

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

HS

S\$ 3,000.00

(4 days)

Reduction:

G1

%

Email

Call

FINAL SETTLEMENT

Date/Time:

04102/19

Confirm with:

WINSTON

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

C01630

S\$ 3,210.00

PIR - AGAINST OIO

Loss of Rental (LOR):

S\$ 500.00

(5 days)

x \$100

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\$ 7.49

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

S\$ 3,777.49

Global Sum S\$:

3,700.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 3,700.00

Name 1:

STYTECH AUTO PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: