

INS. CASE OWNER:

Justin

CC

4

EQI1800

0429

A

p13

LKK:

IDAC:

Surveyor:

WMP

DOI:

ASSIGNMENT

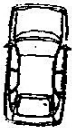
08/01/18

Date / Time:

8/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBE 5883E

Name of Insured:

EMLASAM S/O PERIYAN MASRIAN

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

5/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: VINESHVARAN S/O KARUASAM

Driver Tel No.:

(V/L: YES / NO)

GBD 6866J

GBE 5883E

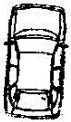
OI GIA REPORT: YES / NO: TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

YP 5798T

GBD 4877R



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS: 01



INSRS:

WSP:

Tel:

Liability:

RMKS: TP



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

11/1/18

LAT

IP5798T-X

GBE 5883E-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:

26/2/18

Sent By:

CHT

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

\$\$

(days) Reduction:

Confirm by:

FINAL SETTLEMENT

Date/Time:

2/1/18

Confirm with:

CHAS

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

2815CC. 010444

Email

Call

Repair Cost:

\$\$

26000.00

Loss of Rental (LOR):

\$\$

-

Loss of Use (LOU):

\$\$

2880.00 (\$120 x 24 days)

Loss of Income (LOI):

\$\$

-

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GIA/LTA Search

\$\$

-

Medical:

\$\$

-

Disbursement:

\$\$

-

Legal Cost

\$\$

-

(e.g. Tow/Independent)

Total:

\$\$

28800.00

Global Sum \$:

FINAL PAYMENT

Date/Time:

2/1/18

Confirm with:

CHAS

Payee 1:

\$\$

28800.00

Name 1:

F-1 Autoclimate Pte Ltd

Payee 2: (Strike if N.A.)

\$\$

-

Name 2:

Payee 3: (Strike if N.A.)

\$\$

-

Name 3:

Email

Call

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

#400

COPY SENT

* Rental Receipt TP Company Name

* TP Name Incorrect

RECEIVED 17 SEP 2018