

INS. CASE OWNER:

skm:

CC 6 / III 180 01447 1 AKS3

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

23/01/18

Date / Time:

23/01/18

Registered in Merimen:

24/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 6692H

Name of Insured:

CTPL

Insured Tel No.:

HP:

Claim No.:

Policy No.:

Make / Model:

MERCEDES - BENZ VIANO

Excess Sec II :SS

D.O.A.:

20/01/18

Place of Accident:

MERGING LANE ON TEESSENH ROAD

Is driver the owner?

(YES ☒ NO)

Nature of Accident:

If NO, Driver Name / Age: THEN YUEN FAH

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SLQ 446R



INSRS:

WSP: 1st Autowork

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLQ 446R - X

SHB 6692H - CC2/LCR170 22656/KWaz DOA: 25/1/17

- CS/INCO 9007536/Yph DOA: 05/04/09

26/01/18 (2am):

* No Estimate

26.01.2018:

FILES REVIEWED. CARC of OTO changed lane and collided onto TP. seek liability mandate via merimen.

06032018:

File pass to type mandate report.

20/04/18

on in - all docs in order mandate approved TO close.

RECEIVED 06 MAR 2018

COR: 5,778.00.

LOU: 4 x 80: 320.

LTA: 7.45.

Total: 6105.45.

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

US

S\$ 5,400.00

(4

days)

Reduction:

60

%

Email

Call

FINAL SETTLEMENT

Date/Time:

20/4/2018

Confirm with:

Subaimi

Email

Call

Final Liability:

% 100.

(Agreed / Assessed) BOLA S/N No.:

15.

Repair Cost:

(WILIST)

S\$ 5,778.00.

Loss of Rental (LOR):

S\$ -

(

days)

Loss of Use (LOU):

S\$ 240.00 (\$60.0 x 4 days)

Loss of Income (LOI):

S\$ -

(\$

x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$ 7.45

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 6,025.45

Global Sum S\$:

FINAL PAYMENT

Date/Time:

05/04/2018

Confirm with:

Subaimi

Email

Call

Payee 1:

S\$ 6,025.45

Name 1:

1st Autoworks Pte Ltd.

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$500.00