

15/5/2010

INS. CASE OWNER:

Elaine

CC4 / EQ18002057

LKK:

IDAC:

Surveyor:

W111

DOI:

ASSIGNMENT

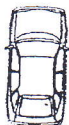
1/10/18

Date / Time:

31/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YN 32725

Name of Insured:

APPLIED LOGISTICS PTE LTD

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

25/01/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: BONI & WILLIE A MIRANDA

Driver Tel No.: 8287 1404

(V/L: YES / NO)

Claim No.:

DM18/296-EC

Policy No.:

DMCFHQ17-00041

Make / Model:

MITSUBISHI FEB3BE6SR DEA-3.0

Place of Accident:

SLE (BKE) BEFORE BKE EXIT

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

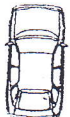
Insured Liability:

%

Final? Yes / No

YN 32725

OI



INSRS:

WSP:

Tel:

Liability:

RMKS:

SJT 934E

TP



INSRS:

WSP: Ethos Group

Tel:

Liability:

RMKS:

GSD 4551E

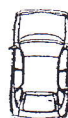
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

UNKNOWN -> UNKNOWN

Date/ Time

02/02/18 (Asher)

SJT 934G - X ; YN 32725 - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

EMAIL 27/2/18

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: (NO NEED)

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

2/7/18

FILE PASS TO TYPIST TO PREPARE REPORT.

11/9

extend 1/10

RECEIVED 03 OCT 2018

PRELIMINARY ADVICE Date/Time: 9-2-18

Sent By: HMF

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

45

SS 10,000

(10

days) Reduction:

60

%

Email

Call

FINAL SETTLEMENT

Date/Time: 02/10/18

Confirm with: Ashley

Email

Call

Final Liability:

% 100

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

28

If NO or B 28, Ass. Lia: 100%

Repair Cost:

N/A

SS 10,100.00

3 VEH C-C O/D COST.

Loss of Rental (LOR):

SS -

(

days)

Loss of Use (LOU):

SS 600.00

(\$ 50

x 12

days)

Loss of Income (LOI):

SS -

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

SS 36.45

Medical:

SS -

Disbursement:

SS -

Legal Cost

SS -

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

+400

Total:

SS 11,336.45

Global Sum SS:

FINAL PAYMENT

Date/Time: 02.10.18

Confirm with: Ashley

Email

Call

Payee 1:

SS 11,336.45

Name 1:

ETHOS PROTECT PTE LTD.

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY 3/10/18

* Assignment copy GIA Search Amount

0
612