

INS. CASE OWNER:

SHANN

CC 3 /AIG1800

2460, R, W352

LKK:

IDAC:

Surveyor:

KASUL

DOI:

ASSIGNMENT

26/02/18

Date / Time:

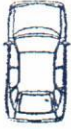
6/2/18

Registered in Merimen:

6/2/18

Pre-assign / CCU / FTE

SKV 4701M



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$S

Is driver the owner?

(YES) NO

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

807070796756

200451707-01000

LEXUS

PIT TMS MANOI

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES) NO

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

Insured Liability:

%

Final ? Yes / No

STY 7029Y

INSRS:
WSP:
Tel:
Liability:
RMKS:

performance

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time		STAGE	DATE / PIC
8/2/18	sty 7029y - x	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
12/02/18	MIS REVIEWED. 3 VEH. C.C. ; 01 CUST.	Call OI:	13/02/18 - UK
	ORIGINAL LIABILITY CLERK	After call ltr to OI:	
12:37PM	SPOKE TO OI. HE CONFIRMED ACCIDENT	Documentation Check List:	Handler Typist
	BEGINS W WHO INVOLVED IN A 3 VEH.	Notification ltr (if non-pickup)	
	C.C. W WAS THE LAST CAR W POST-	After call ltr to OI:	
	ENDED TP. INFORMED TP CLAIM, AGREED	Authorisation To Act:	
	TO SETTLE. AWARE NCD ISSUES.	Release Voucher:	
	TO PINKETTE COR	Final Repair Bill:	
	PINKETTE	Car Rental Invoice:	
	ORIGINAL TP LOD IN.	Towing Invoice	
11/03/18	TYPE REPORT FOR MANDATE APPROVAL	LTA /GIA:	
	REPORT DONE.	Medical Bill:	
16/06/18	SOME MANDATE APPROVAL TO AIGAY 2018	PIR:	
19/06/18	HIG APPROVED MANDATE	Mandate/Reject Instruction:	
21/06/18	CONFIRMED AMOUNT SHG AS LOD.	LOD	
	ALL DOCS IN ORDER. TO CLOS.	Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: R/S	\$S 20,000.00	(12 days) Reduction: 16 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with: CAROLINE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	28
Repair Cost: (w/ass)	\$S 21,400.00		If NO or B 28, Ass. Lia: 100%
Loss of Rental (LOR):	\$S -	(days)	(3 VEH. C.C. ; 01 CUST)
Loss of Use (LOU):	\$S 1,600.00	x 16 days)	
Loss of Income (LOI):	\$S -	(\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	\$S 200		
Medical:	\$S -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S -	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$S -		3) Survey fee: \$320.00
Total:	\$S 23,002.00	Global Sum \$S:	-
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 21,402.00	Name 1:	PERFORMANCE MOTORS LTD
Payee 2: (Strike if N.A.)	\$S 1,600.00	Name 2:	WAN KASING
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-