

ASSIGNMENT

DOI:

05-03-2018

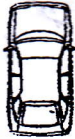
Date / Time:

6/2/18

Registered in Merimen:

Pre-assign / CCU / FTE

GW7109 X



Insured Vehicle No.:

Claim No.:

0m184000289/JT

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A: 26/01/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

Driver Tel No.:

Insured Liability:

%

Final ? Yes / No

SLA 4521 P



INSRS:

WSP:

Tel:

Liability:

RMKS:

Uu'bn



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

28032018 @
2:09pm

SLA 4521P - X;
GW7109 X - CS3 / 1111 600344 / mibdl ; 00A-13/216
Spoke to OIO (Mr Tan). Confirmed accident details and OIO rear-ended TP. OI will send any additional photos via email. Informed abt TP claim, aware of WCD issue and agree to settle. Send letter to OI.

COR: 2,397.42.
LOR: 5 x 60 = 300.00.
LTA: 2.00.
Total: 2,699.42.

RECEIVED 17 MAY 2018

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:

S\$

(days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

400 (\$ 80 x 5 days)

Loss of Income (LOI):

S\$

- / (\$ x days)

LOR only ☐LOU only ☒LOR + LOU ☐LOR + LOI ☐

(Tick only one)

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total:

S\$

2,799.42 Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

Payee 2: (Strike if N.A.)

S\$

Payee 3: (Strike if N.A.)

S\$

Name 1:

Name 2:

Name 3:

LIU'S BROTHER AUTO ENGINEERING WORKSHOP

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: