

15/5/2010

INS. CASE OWNER:

Shawn

CC 3 / AIG18002607

/ R113

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

07/02/18

Date / Time :

07/02/18

Registered in Merimen:

08/02/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBG 7498R

Claim No. :

4697357929 SG

Name of Insured :

DAILYER FLEET MANAGEMENT
SINGAPORE PTE LTD

Policy No. :

Insured Tel No. :

HP:

Make / Model :

MERCEDES-BENZ VITO 114 CDI

Excess Sec II :SS

D.O.A :

06/02/18

Place of Accident :

ALONG TAMPINES ST 11

Is driver the owner?

(YES ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : 00 SUAY TEE

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

Driver Tel No. : 9087 7711

(V/L: YES / NO)

Insured Liability :

% Final ? Yes / No

SHA 8665



INSRS:

WSP: COGE (Loyang)

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 8665 - CC4/AIG08026859/ROA DDA: 29/09/09
 - CS/FCI17014459/KHAN2 DDA: 23/07/17
 - CS/FCI1701561/UNH2 DDA: 24/03/17
 - CS/FCI1800819/TIV23 DDA: 05/01/18
 - CS/QW11021423/Ryln DDA: 08/10/11

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: 26/02/18 - JIC

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:

20/02/18 (v.c)

- FINALISED
 - ORIGINAL TP LOD IN.
 - PUE PROVIDED. OLD RATE-ENDED TP.
 - SEND LETTER TO OI TO NOTIFY TP
 CLAIM.

26/02/18

11/04/18

12/04/18

- NO feedback from OI/OIOW. SEND
 1st OFFER TO TP.
 - TP ACCEPTED OFFER.
 - ALL DOC IN ORDER.
 - TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

SS

1,316.18

(2 days)

Reduction:

44 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Cal

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia :

Repair Cost: (w/govt)

SS

1,622.31

Loss of Rental (LOR):

SS

264.00

(2 days)

X \$17.00

Loss of Use (LOU):

SS

100.00

(S 50 x 2 days)

Loss of Income (LOI):

SS

-

(S x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GLA/LTA Search

SS

7.49

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/Independent)

Legal Cost

SS

-

Total:

SS

1,963.80

Global Sum SS:

1,960.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

SS

1,960.00

Name 1:

COMFORT DELERO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

Payee 3: (Strike if N.A.)

SS

-

Name 3: