

15/5/2010

INS. CASE OWNER:

Lynn

CC 6 / EQ18002766 / RHP3

LKK:

IDAC:

Surveyor:

RAGUL

DOI:

ASSIGNMENT
12/02/18

Date / Time:

11/02/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKX 6436E

Claim No.:

Name of Insured:

ROSET LIMOUSINE SERVICES PTE LTD

Policy No.:

DMCFHQ 17 - 000185

Insured Tel No.:

HP:

Make / Model:

TOYOTA ALTIS

Excess Sec II :SS

D.O.A.:

09/02/18

Place of Accident:

YISHUN AVE 7 TWDS GAMBAS AVE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

CHIN CHEE MENG

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

Driver Tel No.:

9817 2878

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SLD 69962



INSRS:

WSP: Automotive (wooded)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

12/02/18 (Vic)

16/04/18

18/04/18

SLD 69962 - NA/EQ18002731/1/3 DOA: 09/02/18
SKX 6436E - NA/EQ17024275/1/3 DOA: 21/1/17
- NA/EQ18002731/1/3 DOA: 09/02/18- PENDING TP.
- TP LOR IN BY MAIL.- PLS REVISIT. OIP RATE-ENDD TP.
- SEND LETTER TO CI TO NOTIFY TP
- CELESTIAL & NCB ISSUES.- SEND ACCEPTANCE TO TP. PENDING
ORIG. DOCS & LTA INVOICES.

- RECEIVED ORIG. DOCS. NO DV.

- ALL IN ORDER.

- TO CLOS.

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: NO DV

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:

12/02/18

Sent By:

G3

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

49

SS

5,000.00

(

8

days) Reduction:

51

%

Email

Call

FINAL SETTLEMENT

Date/Time:

16/04/18

Confirm with:

RAGUL

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

(w/lat)

SS

5,350.00

Loss of Rental (LOR):

SS

-

(

-

days)

Loss of Use (LOU):

SS

600.00

SS

60

x

10

days)

Loss of Income (LOI):

SS

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

7.45

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

Total:

SS

5,957.45

Global Sum SS:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

5,957.45

Name 1:

AUTOMOTIVE REPAIR CENTRE PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4000.00