

INS. CASE OWNER:

PRUYA

CC 6 / III1800 3292, A h63 9/2

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

20/2/18

Date / Time:

20/2/18

Registered in Merimen:

21/2/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SH 9065L

Name of Insured:

Upu

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

18/2/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

LEE KIM LAM NEW

Driver Tel No.:

(V/L) (YES / NO)

Claim No.:

MCT18020616

Policy No.:

MCM0015

Make / Model:

HUMMER

Place of Accident:

SAMUWOS RD JUNE OF PHILIP

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

Insured Liability:

%

Final ? Yes / No

SGN 348X



INSRS:

WSP:

Tel:

Liability:

RMKS:

Premium
LVR

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
20/2/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
20/02/18	Call OI:	✓
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
05/04/18	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:	☐ ☐
19/04/18	TYPE REPORT FOR WILKINSONS APPROVAL	
29/04/18	REPORT DONE.	
04/05/18	GET WILKINSONS TO III BY WILKINSON	
	WILKINSONS APPROVAL 2018	
	SEND 1ST OFFER TO TP. PENDING ACCEPTANCE.	
09/05/18	TP ACCEPTED OFFER. ALL DONE IN ORDER.	
PRELIMINARY ADVICE	Date/Time:	Sent By:
09/05/18	TP ACCEPTED OFFER. ALL DONE IN ORDER.	
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 46	SS 4,100.00 (6 days) Reduction: 67 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 04/05/18	Confirm with: MCM0015
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 49	Email ☒ Call ☐
Repair Cost:	SS 4,100.00	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	SS 700.00 (7 days) x \$100.00	COMP AT STOP WORK
Loss of Use (LOU):	SS - (\$ x days)	
Loss of Income (LOI):	SS - (\$ x days)	
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	SS 7.45	
Medical:	SS -	
Disbursement:	SS - (e.g. Tow/Independent)	
Legal Cost	SS -	
Total:	SS 4,807.45	Global Sum S\$: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS 4,807.45	Name 1: PREMIUM CARZ SERVICES 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: \$500.00