

15/5/2010

INS. CASE OWNER:

MAH9 CHOW

CC 4/ATB1800

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

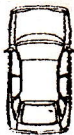
24/7/18

Date / Time :

Registered in Merimen:

20/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

8VE 8917E

Name of Insured :

URP

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A. :

15/7/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

TAN MUNI HION

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

43345725356

Policy No. :

999995058

Make / Model :

HONDA

Place of Accident :

INSIDE SPC WASHINGTON AREA

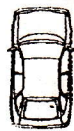
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLA 82209



INSRS:

WSP:

Tel :

Liability :

RMKS:

LITY

AUTO



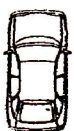
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

5/7/18
JAN.

SLA 82209 -X

8VE 8917E -X

- MINUS 300
- TP LOG IN BY EMAIL

- PUB REVIEWED, 3 VEH. C.C., OLD AND

05/07/19

- SEND 1ST OFFER TO TP.

08/07/19

- TP ACCEPTED OFFER.
- ALL WORK IN ORDER.
- TO CLOSE

28-1-19

PENDING FINALIZATION

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:

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:

P/P

S\$

2,465.68

(3

days) Reduction:

57

%

Email

Call

FINAL SETTLEMENT

Date/Time:

08/07/19

Confirm with

VERONICA

Email

Call

Final Liability:

%

100

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

28

If NO or B 28, Ass. Lia :

0

Repair Cost:

(w/100)

S\$

2,638.28

Loss of Rental (LOR):

(w/100)

S\$

321.00

(3

days) X \$100.00

Loss of Use (LOU):

S\$

-

(\$

x

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\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Nonfinal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

Total:

S\$

2,959.28

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,959.28

Name 1:

CITY AUTO PTG LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-