

15/3/2010

INS. CASE OWNER:

THYA

CC 4 / III 1800

454

Ump 379

LKK:

IDAC:

Surveyor:

MARINS

DOI:

ASSIGNMENT

05/03/18

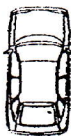
Date / Time:

5/3/18

Registered in Merimen:

5/3/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHR 37054

Name of Insured:

CTP

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

01/07/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

HARVEY TOWN

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

HOT 18030012

Policy No.:

MUMDOCH

Make / Model:

HUMMER

Place of Accident:

PIL TMS TMS B4 7W
BARRER EXIT

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

Insured Liability:

%

Final ? Yes / No



INSRS:

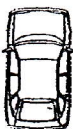
WSP:

Tel:

Liability:

RMKS:

GME



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

6/7/18

JMS

SPR 6378P - X

SHR 37054 - X

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:

07/03/18 @ 10:00 OF gear ended TP vehicle. BOLA 27 applies
Seeks mandate in Merimen.

14/3/18

email to TP liability clear.

07/05/18
21/06/18- ALL APPROVED DOCUMENTS
- TP ACCEPTED OFFER.
- PENDING DV.

20/08/18

- ORIG. DV IN. ALL PAGES IN ORDER.
- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

46

S\$ 6,000.00

(6 days)

Reduction:

52

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

W/957

S\$ 5,350.00

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

1,000.00

x 10 days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$500.00

Total:

S\$

6,357.45

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

6,357.45

Name 1:

SHE MOTOR PTB LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: