

15/5/2010

INS. CASE OWNER:

Lalitha

CCA / III18004413

R163

LKK:

IDAC:

Surveyor:

KASUL

DOI:

ASSIGNMENT

07/03/18

Date / Time:

06/03/18

Registered in Merimen:

07/03/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKL 7666P

Claim No.:

MCA18/0055

Name of Insured:

COMFORTDELGRO RENT-A-CAR PTE LTD

Policy No.:

Insured Tel No.:

HP:

Make / Model:

MAZDA 6 4 DOOR SEDAN 2.0L

Excess Sec II :SS

D.O.A.:

01/03/18

Place of Accident:

AYE TOWARDS ALEXANDRA SLIP ROAD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: DE CARVALHO SILVESTRE

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

Driver Tel No.: 8228 2574

(V/L YES / NO)

Insured Liability: %

Final ? Yes / No

SKQ 91265



INSRS:

WSP: Prime Auto

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
08/03/18 (VIC)	SKQ 91265 - X ; SKL 7666P - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	VIC
		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:

US

SS 1,350.00

(3)

days) Reduction:

31

%

Email

Call

FINAL SETTLEMENT

Date/Time:

08/05/18

Confirm with:

KUCB

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

(010 KUKL-EMBED TP)

Repair Cost:

(01000)

SS

1,444.50

Loss of Rental (LOR):

SS

-

(

days)

Loss of Use (LOU):

SS

300.00

x 3

days)

Loss of Income (LOI):

SS

-

(S

x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

7.45

1) Claim status: Normal/Reject/Private Settle

Medical:

SS

-

(e.g. Tow/Independent)

2) Report Format:

Disbursement:

SS

-

3) Survey fee:

\$350.00

Legal Cost

SS

-

Total:

SS

1,751.95

Global Sum SS:

-

Email

Call

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

SS

1,751.95

Name 1:

PRIME AUTO CLAIMS SERVICE PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

Payee 3: (Strike if N.A.)

SS

-

Name 3: