

INS. CASE OWNER:

Lupthia

CC 4<sup>asm</sup> AXA1800

4876

M1603 9/

LKK:

IDAC:

Surveyor:

Muf

DOI:

ASSIGNMENT

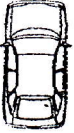
10/1/18

Date / Time:

14/3/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKD 6704L

Name of Insured:

KUNG SOCK KUNG

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A:

9/7/18

Is driver the owner?

(YES / NO)

Nature of Accident:

MERIMAN RD

If NO, Driver Name / Age:

WEE EUN PENG

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

SB MOORAL 34676

Policy No.:

PA/PIN5975

Make / Model:

VOLKSWAGEN

Place of Accident:

NORTH CANAL RD TWD

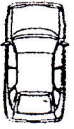
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SDQ 2192



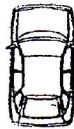
INSRS:

WSP:

Tel:

Liability:

RMKS:

WEE  
BRADEN

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

15/3/18

JAY

16-3-18

@ 9:50

SDQ 2192-P

SKD 6704L-P

\*GAMKALAM

W/OID CONFIRMED ACC.

AGREED &amp; AWARE NCD ISSUE.

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:

JAY 16-3-18

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:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

2-1-19

Confirm with

CECILIA

Email

Call

Final Liability:

%

100

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

15

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

4,594.02

Loss of Rental (LOR):

S\$

1,123.50

(

7

days)

150

Loss of Use (LOU):

S\$

x

(\$

x

days)

Loss of Income (LOI):

S\$

x

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

2. x x

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

5,719.52

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

5,719.52

Name 1:

COMFORTDELGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

S\$

x

Name 2:

x

Payee 3: (Strike if N.A.)

S\$

x

Name 3:

x

COPY SENT  
M1603