

P.S. CASE OWNER:

CL

CC 4, ASM18005331, T1/2a3

LKK:

IDAC:

33585

Surveyor:

MTH

DOI:

ASSIGNMENT

23/3/18

Date / Time:

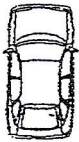
20/3/2018

Registered in Merimen:

Pre-assign / CCU / FTE

PA8290G

S8m00B4W



Insured Vehicle No.:

Name of Insured:

AULO MAXICOFAT 4 months
SERVICE

Insured Tel No.:

HP:

Excess Sec II :S\$

1,500.00

D.O.A.:

19/3/18

Is driver the owner?

(YES)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

COY KIAN TIONG

93699652 (V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

7. HIAEE

UTE 7 CITY

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

Insured Liability:

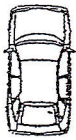
%

Final ? Yes / No

SHO 6988 U

PA8290G

GY9032J



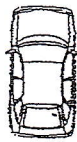
INSRS:

WSP:

Tel:

Liability:

RMKS:



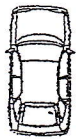
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

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:

49

S\$ 1,250.00

(3 days)

Reduction:

29

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

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

28

If NO or B 28, Ass. Lia:

0%

Repair Cost:

69600

S\$ 1,357.50

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

750.00 \$ 150 x 5 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: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

+350.00

Total:

S\$

2,097.95

Global Sum S\$:

1,840.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,840.00

Name 1:

GIN SHING ENGINEERING SERVICES

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-