

INS. CASE OWNER:

ST. ~~TE~~

CC 4/AXA 1800

6347, AP 443

LKK:

IDAC:

Surveyor:

UMP

DOI:

ASSIGNMENT

51418

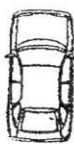
Date / Time:

4/4/18

Registered in Merimen:

6/4/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHE 5234 Z

Name of Insured:

TRANS. LAB SERVICES P/L

Insured Tel No.:

HP:

Excess Sec II :SS

5,000.00

D.O.A.:

30/3/18

Claim No.:

Policy No.:

VPK/PI 680520

Make / Model:

Renault.

Place of Accident:

JLN ANAD (BPAHIM)

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Jim BUAY LAM

Driver Tel No.:

82018476

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No



INSRS:

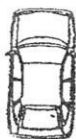
WSP:

Tel:

Liability:

RMKS:

my solution



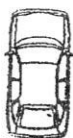
INSRS:

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: 4/5 S\$ 3,200.00 (5 days) Reduction: 34.26 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 11/06/2020

Confirm with MS MONTY

Email ☒ Call ☐Final Liability: ~~30%~~ % 50% (Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost: (w/gd) \$ 3424

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): 210.00 S\$ 105.00 (\$ 30 x 7 days)

Loss of Income (LOI): S\$ - (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 29.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 1,846.00

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

TP \$ 350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 1,846.00

Name 1:

MCI SOLUTION PTE LTD.

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: