

INS. CASE OWNER:

CC 4/III1800

6388

Kha3 9

LKK:

IDAC:

Surveyor:

KCC

DOI:

ASSIGNMENT

10.4.18

Date / Time:

5/4/18

Registered in Merimen:

6/4/2018

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2243C

Name of Insured : CPT

Insured Tel No. : HP:

Excess Sec II :SS D.O.A: 30/3/2018

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

MCT 18030988

Mumony

H. 140

Mondar Lane

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

Insured Liability :

%

Final ? Yes / No

SLG 1935 S



INSRS:

WSP: City Auto.

Tel :

Liability :

RMKS:



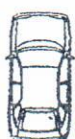
INSRS:

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: P/P S\$ 2,948.92 (3 days) Reduction: 15 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: (w/ass) S\$ 3,155.34

COW HIT STATIONARY TP

Loss of Rental (LOR): S\$ 200.00 (3 days) X \$100

Loss of Use (LOU): S\$ - (\$ x 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\$ -

Legal Cost

S\$ -

Total: S\$ 3,455.34

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 3,455.34

Name 1:

CITY AUTO PTG LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 350.00