

15/5/2010

INS. CASE OWNER:

CC 6 ^{UR} / AIG 1800 6498, Ajo 302

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

6/4/18

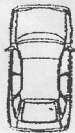
Date / Time:

6/4/18

Registered in Merimen:

9/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLG 226TE

Name of Insured :

URF

Insured Tel No. :

HP:

Excess Sec II : S\$

D.O.A :

4/4/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

ABDUL BATIF BIN ABDUL HAQIM

OI GIA REPORT: YES / NO ;

TP GIA REPORT: YES / NO

Driver Tel No. :

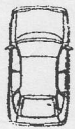
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SUM 6279X



INSRS:

WSP:

Tel :

Liability :

RMKS:

1st
AUTOWORKS

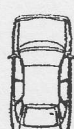
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

11/4/18
pnySUM 6279X - MY (18/03/18) 005-71/1/18
016-2688-X

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:

207 12-4-18

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:

Confirm with:

Email ☐ Call ☐

Final Liability:

%

(Agreed / Assessed)

BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 0

Repair Cost:

S\$

17,182.49

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

420 (\$60 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\$

-

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\$

17,602.49

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

17,602.49

Name 1:

1ST AUTOWORKS PTE LTD

Payee 2: (Strike if N.A.)

S\$

X

Name 2:

X

Payee 3: (Strike if N.A.)

S\$

X

Name 3:

X

3 COPY SENT