

INS. CASE OWNER:

SUNGATE

CC 4 / III 1800

6687 / U 1239

LKK:

IDAC:

Surveyor:

M. Amy

DOI:

ASSIGNMENT

16/4/18

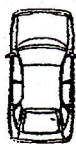
Date / Time:

10-4-18

Registered in Merimen:

11-4-18

Pre-assign / CCU / FTE



Insured Vehicle No. :

CH 7553H

Name of Insured :

CPL

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

08/04/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Lee Keng Hoe

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

MCT 18040188

Policy No. :

Mcom 001

Make / Model :

H-140

Place of Accident :

Junction of Bras Basah Rd

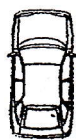
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

S60 4011m



INSRS:

WSP:

Tel :

Liability :

RMKS:

Praise



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

19/4
774

S60 4011m - CUP/CCR1 800 10781/12/18 ; DOA: 09/01/18
 - CUP/CCR1 70229521 Klen392 ; DOA: 21/1/18
 - CUP/CCR1 70229521 Klen3 ; DOA: 02/01/18

SH 7553H - CUP/CCR1 70061881 Klen3 ; DOA: 27/3/18

OS D change lane

- MINUTED

- TP LOB IN

- U APPROVED UNAPPROVED

08/11/18

- GRAB 1st OFFER TO TP.

- RECEIVED ORIG. DV. TP ACCEPTED OFFER.

- ALL TOGS IN ORDER.

- TO CLOSE.

12/4/18
19/4/18

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: 46

S\$ 1,700.00 (3 days)

Reduction: 55

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 15/11/18

Confirm with: JUNG

Email ☒ Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost: CUP/CCR1

S\$ 1819.00

LOD CHANGED LANE

Loss of Rental (LOR):

S\$

()

days

Loss of Use (LOU):

S\$

300.00

(\$ 60 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\$

8.00

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\$

2,127.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

2,127.00

Name 1:

PRECISE AUTO SERVICE

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-