

CASE OWNER:

Mavriel

CC 3 / LCR 1800 7103 / Kwa3

LKR:
IDAC:

Live/OT:

AMC

DOI:

ASSIGNMENT

16.04-18

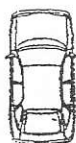
Date / Time:

16.04-18

Registered in Merimen:

17.04-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SUU 10234

Name of Insured:

LUP PLU

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

14.04-18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Um Grah Hock (unemployed)

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

493159544356
0999994818
Honda Vezel
Parkway Parade

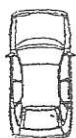
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHB 36826



INSRS:

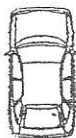
WSP:

Tel:

Liability:

RMKS:

Onkloyang



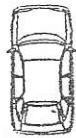
INSRS:

WSP:

Tel:

Liability:

RMKS:



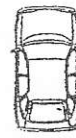
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

19/4

VIVIAN

SHB36826 X;

SUU 10234, 16/04/18 18:48 / 1404357; 10A: 140418

19/4/18

Email letter to 02.

RECEIVED 05 JUN 2018

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:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

5/6/18

Confirm with Cecilia

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 26.

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

2140.00

Loss of Rental (LOR):

S\$

417.48

(3.5 days) X 119.28

Loss of Use (LOU):

S\$

175.00

(\$ 50 x 3.5 days)

Loss of Income (LOI):

S\$

(\$

x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

7.49

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total:

S\$

2739.97

Global Sum S\$: 2700.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2700.00

Name 1:

Comfortdelgro Engineering Pte Ltd.

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: