

15/5/2010

INS. CASE OWNER:

Stally

CC 4 / AXA 1800

7644, K1W63

LKK:

IDAC:

Surveyor:

Edwin

DOI:

ASSIGNMENT

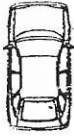
7644/18

Date / Time:

76/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SEE 80605

Name of Insured :

WV MARY KAT

Insured Tel No. :

HP: 97661773

Excess Sec II :SS

D.O.A: 76/4/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

S8000F70/4202

Policy No. :

GA 3449571

Make / Model :

WV MARY

Place of Accident :

SEKAMTOON RD TMS POTONG PASIR

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SHC 2078C



INSRS:

WSP:

Tel :

Liability :

RMKS:

CME
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

7/5/18

WV MARY

SHC 2078C

SEE 80605

SEKAMTOON RD

"Prouced ds."

8/5/18

Confirm accident details - informed TP claim
agreed to settle. letter send out

RECEIVED 7 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:

7/5/18

Sent By:

Ane

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

6/6/18

Confirm with

William

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

SS 2247.00

Loss of Rental (LOR):

SS 196.50

(

2 days) x 98.25

Loss of Use (LOU):

SS 100.00

(\$

50

x

2 days)

Loss of Income (LOI):

SS

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

7.49

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS 2550.99

Global Sum SS: 2550.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS 2550.00

Name 1:

Comfortdelgro Engineering Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT

10 load in v. system