

INS. CASE OWNER:

NATALIE

CC 6/III1800

A390, A 10/3/18

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

7/5/18

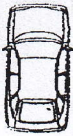
Date / Time:

7/5/18

Registered in Merimen:

7/5/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 66142

Name of Insured:

CTPL

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A:

7/5/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

T918 B M

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

HCT18050541

Policy No.:

71000015

Make / Model:

Mazda

Place of Accident:

SINEL HRE TMS TAMPINES
WAMP POST 29.

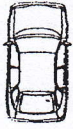
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

skp nwp



INSRS:

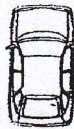
WSP:

Tel:

Liability:

RMKS:

21/11



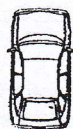
INSRS:

WSP:

Tel:

Liability:

RMKS:



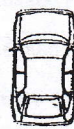
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
24/5/18	skp nwp - 4	Non-Reporting ltr (1st):	
	shd 66142 - 4	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
27/5/2018	sale my car for liability.	Documentation Check List:	Handler Typist
22/6/18	- III APPROVED LG - BUILD LIABILITY CLERK - PINKUARD - TP LOG IN BY BUILD	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:
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PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LG	\$S 3,850.00 (3 days)	Reduction: 60 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/09/18	Confirm with: CARRIS	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	27
Repair Cost: (w/loss)	\$S 4,119.50		
Loss of Rental (LOR):	\$S - (days)		
Loss of Use (LOU):	\$S 100.00 (\$ 100 x 4 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 -		
Total:	\$S 4,519.50	Global Sum \$S:	-
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 4,519.50	Name 1:	ZEN WORKZ LLP
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-