

15/5/2010

INS. CASE OWNER:

PRIMA

CC 3 / III 1800

A825, K W3 9

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

7/5/18

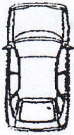
Date / Time:

16/5/18

Registered in Merimen:

7/5/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 7755J

Name of Insured:

Lyn

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

7/5/18

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

Claim No.:

NOT 18050726

Policy No.:

mmom0065

Make / Model:

Humbolt

Place of Accident:

ITE (amp) B4 7th barrabarra Rd exit

If NO, Driver Name / Age:

momy 1088 310W

Driver Tel No.:

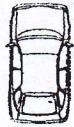
(V/L: ☒ YES / NO)

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

Insured Liability: %

Final ? Yes / No

SKD 760A



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
Cnh

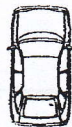
INSRS:

WSP:

Tel:

Liability:

RMKS:



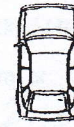
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
4/6/18	SKD 760A - 4	Non-Reporting ltr (1st):	
16/6/18	SHA 7755J - 16/6/18 18050726 / Kenneth	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:

181

SS

3,996.61

(\$)

(2.5 days)

Reduction:

91

%

Email

Call

FINAL SETTLEMENT

Date/Time:

05/09/18

Confirm with:

SAWINE

Email

Call

Final Liability:

%

100

(\$)

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

15

If NO or B 28, Ass. Lia:

Repair Cost:

(w/65)

SS

4,246.57

(\$)

(4.5 days)

x

4103.60

COID CHANGED LANE

Loss of Rental (LOR):

SS

466.20

(\$)

(4.5 days)

x

4103.60

Loss of Use (LOU):

SS

180.00

(\$)

(4.5 days)

x

4103.60

Loss of Income (LOI):

SS

-

(\$)

(4.5 days)

x

4103.60

LOR only

☐

LOU only

☐

LOR + LOU

☐

LOR + LOI

☒

[Tick only one]

GIA/LTA Search

SS

-

Medical:

SS

-

Disbursement:

SS

-

Legal Cost

SS

-

Total:

SS

4,922.57

(\$)

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

4,922.57

(\$)

Name 1:

TRANS-CAD AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

Payee 3: (Strike if N.A.)

SS

-

Name 3: