

15/5/2010

INS. CASE OWNER:

CC 3/EQ1801

0154, F1/163

LKK:

IDAC:

Surveyor:

Kallwin

DOI:

ASSIGNMENT

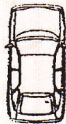
4/6/18

Date / Time:

4/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBG 2125A

Claim No.:

DM1811001784/07

Name of Insured:

CS GRAPHIC SERVICE

Policy No.:

DMCPH017-000000

Insured Tel No.:

HP:

Make / Model:

Nissan

Excess Sec II :S\$

D.O.A:

1/6/18

Place of Accident:

NEW UPP MANGI RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MURRAY SIMH FU.

OI GIA REPORT:

YES / NO

TP GIA REPORT:

YES / NO

Driver Tel No.:

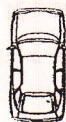
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHB 4207P



INSRS:

WSP:

Tel:

Liability:

RMKS:

Coke
M

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

27/3/18

17H

11/4/19

@ 10.42am

11/04/19

SHB 4207P - 4 GBG 2125A - 4

- MINUSSED

- ORIGINAL TP LOD IN

OLD Mandarin speaking.

Spoke to OJD (Mr Chiam), confirmed rear-ended TP vehicle with minor impact. informed TP. Claim and HCB issue. They agree to settle and arrange HCB will be affected. Send letter to OJ

- UNQUOTE PK.

- SEND 1st OFFER TO TP.

- TP ACCEPTED OFFER. NO PV.

- ALL DOCS IN ORBITER.

- TO CLOSE.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

11/4/2019

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:

11/04/19

Sent By:

VIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$

300.00

(2 days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

11/04/19

Confirm with:

SIM

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

(w/gst)

S\$

321.00

Loss of Rental (LOR):

S\$

172.50

(1.5 days)

x \$15.00

Loss of Use (LOU):

S\$

75.00

(50 x 1.5 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

7.19

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$100.00

Total:

S\$

575.99

Global Sum S\$:

575.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

575.00

Name 1:

COMPTON DELTA ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-