

15/5/2010

INS. CASE OWNER:

SUSTIN

CC 4/EQ1801

0157, Lhb

LKK:

IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

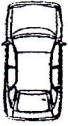
5/6/18

Date / Time:

5/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GAE 4739B

Claim No.:

DM18H001420/5W

Name of Insured:

A. SQUARED EXPRESS

Policy No.:

DM17HA17006873

Insured Tel No.:

HP:

Make / Model:

Tugora

Excess Sec II :S\$

D.O.A.:

4/6/18

Place of Accident:

Snp Rd from KYE Rmpt to KYE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

AW NIKH LAI ANDREW (19/11/1981)

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

Driver Tel No.:

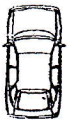
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

gy 31436

INSRS:
WSP:
Tel:
Liability:
RMKS:

CT

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
8/6/18	gymkh-l-x	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	18/07/18 - vic
18/07/18 @ 8:00PM	spoke to OI. HE CONFIRMED ACCIDENT DETAILS IN REPORT - EMPLOYED TP. INFORMED TP CLAIM, AGREED TO SETTLE IN AMOUNT NOT REBTS. SEND LETTER BY EMAIL TO OI.	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	NO EV ☐
		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: 06/06/18 Sent By: b3			

FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	4/6	\$S 2,500.00	5 days) Reduction: 76 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☒ Call ☐
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	27
Repair Cost: (w/ass)	\$S	2,675.00		
Loss of Rental (LOR):	\$S	700.00	(7 days) X \$100.00	
Loss of Use (LOU):	\$S	—	(\$ x days)	
Loss of Income (LOI):	\$S	—	(\$ x days)	
LOR only ☒ LOU only ☐		LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$S	7.15		
Medical:	\$S	—		
Disbursement:	\$S	—	(e.g. Tow/ Independent)	
Legal Cost	\$S	—		
Total:	\$S	3,382.15	Global Sum \$S:	—
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S	3,382.15	Name 1:	CT AUTO PTE LTD
Payee 2: (Strike if N.A.)	\$S	—	Name 2:	—
Payee 3: (Strike if N.A.)	\$S	—	Name 3:	—