

15/5/2010

INS. CASE OWNER:

Ernest

CC 4/AXA18010161

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

5/6/18

Date / Time:

5/6/18

Registered in Merimen:

5/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 5444J

Claim No.:

1047782

Name of Insured:

TRANS-UB SERVICES PTE

Policy No.:

VPR/11680520

Insured Tel No.:

HP:

Make / Model:

RENAULT

Excess Sec II :\$S

5000

D.O.A.:

2/6/18

Place of Accident:

PIE TUNAS NEAR BENDAMER

Is driver the owner?

(YES / NO)

Nature of Accident:

TUNAS

DXT

If NO, Driver Name / Age:

ABAS Bin An

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

Driver Tel No.:

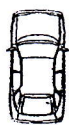
(V/L) YES / NO

Insured Liability:

%

Final ? Yes / No

SHC 6287P



INSRS:

WSP:

Tel:

Liability:

RMKS:

Premier



INSRS:

WSP:

Tel:

Liability:

RMKS:



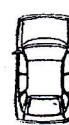
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

7/6/18
WYSHC 6287P - 18/11/2018/18/11/2018
SHC 5444J - 18/11/2018/18/11/2018
3VC ; 01 2ND

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$S

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

0

Repair Cost:

GST

\$S

2,889

Loss of Rental (LOR):

\$S

364.32

3

days)

101.44

Loss of Use (LOU):

\$S

120.40

x 3

days)

Loss of Income (LOI):

\$S

120.40

x 3

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$S

Medical:

\$S

Disbursement:

\$S

(e.g. Tow/ Independent)

Legal Cost

\$S

Total:

\$S

3,313.32

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

3,313.32

Name 1:

PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2: (Strike if N.A.)

\$S

X

Name 2:

X

Payee 3: (Strike if N.A.)

\$S

X

Name 3:

X

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT

RECEIVED 16 NOV 2018