

15/5/2010

INS. CASE OWNER:

SHIRINI

CC 4/III1801

0283, G

LKK:

IDAC:

Surveyor:

XGA

DOI:

ASSIGNMENT

07/06/18

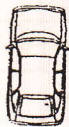
Date / Time:

6/6/18

Registered in Merimen:

6/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 6712J

Name of Insured:

LTM

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

4/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

MCT18060137

Policy No.:

M10M005

Make / Model:

MERCEDES

Place of Accident:

MARINA BAY CRUISE CENTER

PROP OFF POINT

If NO, Driver Name / Age:

LIM HENG YONG (LIM HENRY)

Driver Tel No.:

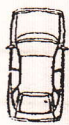
SLX 5479B

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

Insured Liability:

%

Final ? Yes / No

INSRS:
WSP:
Tel:
Liability:
RMKS:

AH

LIM

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

Date/ Time

7/6/18

NHN

SLX 5479B - X

SHB 6712J - X

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: WEEKLY EARNING

PRELIMINARY ADVICE Date/Time:

Sent By:

- TP ACCEPTED OFFER. ALL BOSS IN ORDER

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

PLP

SS

1,852.50

(5 days)

Reduction:

31 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

15

If NO or B 28, Ass. Lia:

Repair Cost:

(01/09/18)

SS

1,982.18

Loss of Rental (LOR):

SS

-

(days)

Loss of Use (LOU):

SS

900.00

150 x 6 days

- WEEKLY INCOME (CARP)

Loss of Income (LOI):

SS

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

7.45

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow / Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 350.00

Total:

SS

2,889.63

Global Sum SS:

2,800.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

2,800.00

Name 1:

AH LIM MOTOR COMPANY

Payee 2: (Strike if N.A.)

SS

-

Name 2:

Payee 3: (Strike if N.A.)

SS

-

Name 3: