

15/5/2010

INS. CASE OWNER:

CC 3 / LPC1801 0815, 72 jhbm

LKK:

IDAC:

Surveyor:

Tautien

DOI:

ASSIGNMENT

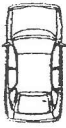
12/6/18

Date / Time:

12/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

STP 70109

Claim No.:

18/18/18/15/021667

Name of Insured:

ANSWAR BIN ISMAIL

Policy No.:

21840501898

Insured Tel No.:

HP:

8111404

Make / Model:

Honda

Excess Sec II :SS

D.O.A.:

11/6/18

Place of Accident:

Geylang RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L YES / NO)

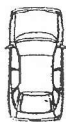
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHB 80694



INSRS:

WSP:

Tel:

Liability:

RMKS:

premier



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

26/6/18
809SHB 80694
STP 70109
12/6/18 10:53/13 11/6/18

FINISHED

7-9-18

FOR MANDATE

RECEIVED 15 DEC 2018

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:

NA

PRELIMINARY ADVICE

Date/Time: 12/6/18

Sent By: Dheer

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

SS

2,334.74

4 days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time: 14-11-18

Confirm with: GARY

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.: 27

If NO or B 28, Ass. Lia:

Repair Cost:

GJY

SS

2,497.66

Loss of Rental (LOR):

SS

769.58

7 days)

109.94

Loss of Use (LOU):

SS

280

(S 40 x 7 days)

Loss of Income (LOI):

SS

280

(S 40 x 7 days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

2. x

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

3,549.24

Global Sum SS:

3,545

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

3,545

Name 1:

PREMIER AUTOMOTIVE SERVICES PT LTD

Payee 2: (Strike if N.A.)

SS

X

Name 2:

X

Payee 3: (Strike if N.A.)

SS

X

Name 3:

X

COPY SENT