

15/5/2010

INS- CASE OWNER:

Shawn

CC 4, ALG 180 10828, U 2023

LKK:

IDAC:

Surveyor:

M. B. B. B.

DOI:

ASSIGNMENT

13-6-18

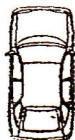
Date / Time:

12-6-18

Registered in Merimen:

13-6-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SPY 1184 T

Name of Insured:

160H VERN TOML Raymond

Insured Tel No.:

HP:

46928543

Excess Sec II :SS

D.O.A.:

21-04-18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

393468 281356

Policy No.:

1700068169

Make / Model:

Subaru Forester

Place of Accident:

Kogony Lony 21

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

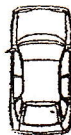
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

PBC 9928A



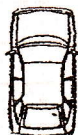
INSRS:

WSP:

Tel:

Liability:

RMKS:

Info
WSP

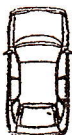
INSRS:

WSP:

Tel:

Liability:

RMKS:



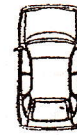
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

15/5/19

PBC 9928 A, X: SPY 1184 T, 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:

15/5/19
Gloria

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:

15/5/19

confirm accident details inform TP claim
letter send out- OI VIDEO FOOTAGE IN. UPLOADED IN
MERIMEN. SHARED IN V1 VIO/PBC 9928A
- PINKUZZO
- ORIGINAL TP LOU IN

26/06/19

- ALG OFFERED BI CLAIM E GO PHOTO.
- SEND 1ST OFFER TO TP.

01/07/19

- RECALCULATED IN 4 HRS. TP ACCEPTED
OFFER.
- ALL PAGES IN ORDER.
- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L16

S\$

820.00

(4

days)

Reduction:

75

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

L16 L16

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.: NIL.

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

820.00

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

120.00

\$20

x 6

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

970.00

Global Sum S\$:

700.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

700.00

Name 1:

EROMA MOTOR TRADING PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$620.00