

15/5/2010

INS. CASE OWNER:

Angle

CC 6, LCR

180

11150

A 339

LKK:

IDAC:

ASSIGNMENT

DOI:

14-6-18

Date / Time:

14-6-18

Registered in Merimen:

19-6-18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLC 59MB

Claim No. :

77774706986G

Name of Insured :

Lup P.L.

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

17/06/18

Place of Accident :

Outside one @ Changi City.

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

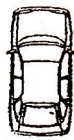
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SIX 5614B



INSRS:

WSP:

Tel :

Liability :

RMKS:

Kang Car



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

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:

7/19/18 email.

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: L19

\$S 12,000.00 (10 days) Reduction: 46 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 8

If NO or B 28, Ass. Lia :

Repair Cost: (w/ass)

\$S 12,840.00

Loss of Rental (LOR):

\$S (days)

Loss of Use (LOU):

\$S 900.00 (\$ 60 x 15 days)

Loss of Income (LOI):

\$S (\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

\$S 10.00

Medical:

\$S -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

\$S -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

\$S -

3) Survey fee:

4320.00

Total:

\$S 13,750.00

Global Sum \$S: 13,750.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$S 13,750.00

Name 1:

KANG CAR REPAIRERS PTB LTD

Payee 2: (Strike if N.A.)

\$S -

Name 2:

Payee 3: (Strike if N.A.)

\$S -

Name 3: