

15/5/2010

INS. CASE OWNER:

CC 6/CTI1801

1217

APR 2010

LKK:

IDAC:

Surveyor:

Admin

DOI:

ASSIGNMENT

1217

Date / Time:

12/6/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLV 78505

Name of Insured:

TOW WEIYA JASON

Insured Tel No.:

HP:

96477678

Excess Sec II :S\$

D.O.A.:

28/4/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L) (YES / NO)

Claim No.:

SNM1800271/07

Policy No.:

DMP CBN 3006821800

Make / Model:

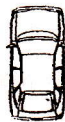
MERCEDES

Place of Accident:

Sims Ave

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

Insured Liability: % Final? Yes / No

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Fang

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

Date/Time

27/6/18  
LHT

SJM 27/6/18 - 8

SLV 78505 - 4

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: - AGAINST OI

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: 46

S\$ 14,000.00

(9 days) Reduction: 19

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

%

100

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

DL

If NO or B 28, Ass. Lia:

(OI CHARGED PIR PIR)

Repair Cost: (w/600)

S\$ 14,780.00

Loss of Rental (LOR):

S\$

-

( days)

Loss of Use (LOU):

S\$

800.00

x 10 days)

Loss of Income (LOI):

S\$

-

( \$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

S\$

31.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

400.00

Total:

S\$

15,811.00

Global Sum S\$:

15,800.00

Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

15,800.00

Name 1:

KANG CAR REPAIRERS PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-