

15/5/2010

INS. CASE OWNER:

PRIYA

CC 4/III1801

1686, Ahluwalia

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

26/6/18

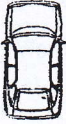
Date / Time:

26/6/18

Registered in Merimen:

27/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 2635U

Claim No.:

MCT15060771

Name of Insured:

LTPV

Policy No.:

MLOM0015

Insured Tel No.:

HP:

Make / Model:

MUNDOH

Excess Sec II :\$S

D.O.A.:

23/06/18

Place of Accident:

STADIUM WARE CROSS STADIUM.

Is driver the owner?

(YES / NO)

Nature of Accident:

RESIDENT.

If NO, Driver Name / Age:

HENRY FOR 500

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

Driver Tel No.:

(V/L) YES / NO

Insured Liability:

%

Final ? Yes / No

SKJ 8943T

INSRS:
WSP:
Tel:
Liability:
RMKS:

Kang

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

Date/ Time

2/7/18
VICSKJ 8943T - x
SHC 2635U - 18 (QW1800956) / 12562 van 1/5/18

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 OIO

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:

L6

\$S 15,500.00

(18 days) Reduction:

62 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

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

NL

Repair Cost:

(W/GOT)

\$S 16,585.00

Loss of Rental (LOR):

\$S

-

(days):

Loss of Use (LOU):

\$S

220000

100 x

22 days)

Loss of Income (LOI):

\$S

-

(\$ x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$S

10.00

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$600.00

Total:

\$S

18,795.00

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

18,795.00

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: