

15/5/2010

INS. CASE OWNER:

CC 4 /AIG1801

1649, EMB

LKK:

IDAC:

Surveyor:

RSC

DOI:

ASSIGNMENT

14/6/18

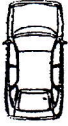
Date / Time :

26/6/18

Registered in Merimen:

26/6/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLS 7337R

Claim No. :

087498078814

Name of Insured :

F00 STON BOON SCHUBERT

Policy No. :

17008774

Insured Tel No. :

HP:

26/6/18

Make / Model :

MERLEDS

Excess Sec II :SS

D.O.A :

Place of Accident :

KTE sup rd to woodland

Is driver the owner?

(YES / NO)

Nature of Accident :

RD

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

SJT 921P



INSRS:

WSP:

Tel :

Liability :

RMKS:

complete
vms

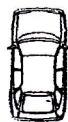
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

2/7/18

VIC

19/07/18 e
9:47 AM

10/09/18

SJT 921P - Y

SLS 7337R - Y

call OI 2X. NO RESPONSE. PLUS
ROUTED. OI RATE-ENRUB TP.
SEND LETTER TO OI TO NOTIFY
TP CLAIM.
- GUILTY LIABILITY CLERK
- FINANCIAL
- ORIGINAL TP LOG IN.
- SEND 1st OFFER TO TP
- TP ACCEPTED OFFER.
- ALL BOOK IN ORDER.
- TO CLOSE.

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:

19/07/18 - UC

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:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

LIS

S\$

5,050.00

(6 days)

Reduction:

+1

%

Email

Call

FINAL SETTLEMENT

Date/Time:

10/09/18

Confirm with:

LIS

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

(with)

S\$

5,403.50

COI

(RATE-ENRUB TP)

Loss of Rental (LOR):

S\$

700.00

(7 days)

x \$100.00

Loss of Use (LOU):

S\$

-

(\$ x days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$520.00

Total:

S\$

6,110.95

Global Sum S\$:

6,110.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

6,110.00

Name 1:

COMPLETE VMS PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-