

INS. CASE OWNER:

BONNIE

CC 3 / AIG 180 11717 / K1ha3

LKK:

IDAC:

Surveyor:

AWK

DOI:

ASSIGNMENT

26-6-18

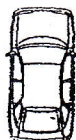
Date / Time:

26-6-18

Registered in Merimen:

27-6-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJW 3210B

Claim No.:

59390783710G

Name of Insured:

BUCK MM ENT

Policy No.:

21003 86562

Insured Tel No.:

HP:

91390058

Make / Model:

BMW X5

Excess Sec II :S\$

D.O.A.:

25-6-18

Place of Accident:

AYE

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.:

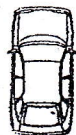
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SH 6936T



INSRS:

WSP:

Tel:

Liability:

RMKS:

CDHE (oyang)



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:

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:

L/S

S\$ 3,350.00 (3 days)

Reduction:

GA

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia:

Repair Cost:

C/L

S\$ 3,584.50

(OI RATE - ENDORSE TP)

Loss of Rental (LOR):

S\$

417.48

(3.5 days)

x \$ 119.28

Loss of Use (LOU):

S\$

175.00

(\$ 50 x 3.5 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

S\$

7.49

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 320.00

Total:

S\$

4,184.47

Global Sum S\$:

4,170.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

4,170.00

Name 1:

COMFORTABLECRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-