

INS. CASE OWNER:

CC 3, ALG 180

11807, K1ha3

LKK:

IDAC:

Surveyor:

AMC

DOI:

ASSIGNMENT

27/6/18

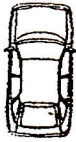
Date / Time:

27/6/18

Registered in Merimen:

28/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKU 2334 H

Name of Insured:

DAMLER FLEET MANAGEMENT P/L

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

27/6/18

Claim No.:

Policy No.:

Make / Model:

M-BENT A180

Place of Accident:

SWISS CLUB ROAD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SUNAL ICHIM JI MADHURSINH

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

Driver Tel No.:

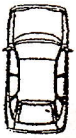
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

STP 36065



INSRS:

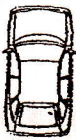
WSP:

Tel:

Liability:

RMKS:

CHATELAIN



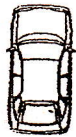
INSRS:

WSP:

Tel:

Liability:

RMKS:



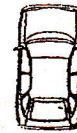
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

27/6/18

STP 36065. call/AMC 180 765/K1ha3; on 27/6/18
SKU 2334 H. x- FINANCIAL
- ORIGINAL TP LOD IN

08/08/19

- FOR REQUIRED. CONTACTING VERSION.
SIDE SWIPED. SEND LETTER & BULK TO
OI TO NOTIFY TP CLAIM & NCD
ISSUED. TP GOT VIDEO TO PRODUCE COPY.
- TP VIDEO IN. V DRIVE/VIDEO 36065
- UPLOADED IN WORKING27/05/19
28/05/19- SEND 1st OFFER TO TP.
- TP ACCEPTED OFFER.
- ALL DOCS 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:

08/08/19 - JLC

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: R/P

S\$ 1,872.30

(1

days) Reduction:

8

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

ALG 180

Email

Call

Final Liability:

S\$ 180

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost: C/L 180

S\$ 2,003.36

Loss of Rental (LOR):

S\$ 125.40

(1

days) x \$ 125.40

Loss of Use (LOU):

S\$ 50.00

(\$ 50

x 1

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\$ -

(e.g. Tow/Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$ 2,186.75

Global Sum S\$:

2,180.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 2,180.00

Name 1:

COMFORTOLARO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: