

INS. CASE OWNER:

CC 4 / ALG 180

11893, Awa³ 9

LKK:

IDAC:

Surveyor:

Wup

DOI:

ASSIGNMENT

29-6-18

Date / Time

28/6/18

Registered in Merimen:

29-6-18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLE 9781B

Name of Insured :

Downtown Travel Services

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

26/6/2018

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Holland Rd.

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

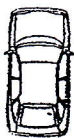
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLV 9028 D



INSRS:

WSP:

Tel :

Liability :

RMKS:

Platinum
works

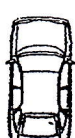
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

4/7
noonSLV 9028 D
SLE 9781B } N/A/M/L 16/18/18 inst: 26/6/18

4/7 DMF. Sent out let letter.

30/7/18

Head to serv

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:

30/7/18
violet

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: .

S\$

(

days) Reduction:

%

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:

S\$

5500

Loss of Rental (LOR):

S\$

800.00

(

8 days) x100

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

6307.45

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

6307.45

Name 1:

Platinum Werkz Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT
12/7/18- AAA - claimant's
chap