

INS. CASE OWNER:

CC 6 / CT1180 11978 / Awa3

LKK:

IDAC:

Surveyor:

LWP

DOI:

ASSIGNMENT

28/6/2018

Date / Time :

28/6/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GGG 9360R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 26/6/2018

Place of Accident : _____

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

SLA 1900 Z

INSRS:
WSP: My Solution
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLA 1900 Z X; GGG 9360R X

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: LWP

Repair Cost: L/S S\$ 3,500.00 (5 days) Reduction: 69 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 18.09.20

Confirm with SU WONG

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 3,745.00

OID HIT TP PARKED VEHICLE

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 420.00 (\$ 60 x 7 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\$ -

1) Claim status: Normal/ ~~Reject Private Settlement~~

2) Report Format: TP

3) Survey fee: \$400

Total: S\$ 4,172.45

Global Sum S\$:

FINAL PAYMENT

Date/Time: 18.09.20

Confirm with: SU WONG

Email ☐ Call ☐

Payee 1: S\$ 4,172.45

Name 1: MG SOLUTION PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: