

15/5/2010

INS. CASE OWNER:

JANET

CC 3, BQ1 180 12668, Uha352

LKK:

DAC:

Surveyor:

MARCOG

DOI:

ASSIGNMENT

26/12/18

Date / Time:

11/7/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GZ 7707D

Name of Insured:

UNITED WORKS PL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

5/7/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

POH GIM (HAN)

Driver Tel No.:

9630 6544 (V/L: YES / NO)

Claim No.:

DM18 H00 H08 15T

Policy No.:

PMUPH218-003230

Make / Model:

N. CAB (AR)

Place of Accident:

YISHAN AVE 7

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

Insured Liability:

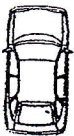
%

Final ? Yes / No

SLC3197M

GZ 7707D

SLK2412G



INSRS:

WSP:

Tel:

Liability:

RMKS:



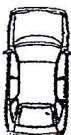
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

12/7/18
WSLK2412G - X;
GZ 7707D - C/L / C/L 18012432 / A/W 2:00 PM, 12/7/18

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:	12/07/18 - VIC
Documentation Check List:	Handler Typist
Notification ltr (if non-pickup)	☐
After call ltr to OI:	☒
Authorisation To Act:	☒
Release Voucher:	NO LV ☒
Final Repair Bill:	☒
Car Rental Invoice:	☒
Towing Invoice	☐
LTA / GIA:	☒
Medical Bill:	☐
PIR:	☐
Mandate/Reject Instruction:	☒
LOD	☒
Payment Breakdown Form:	☐
Post-Repair Photos:	☐
Others:	☐

12/07/18
11:00 AM

CALL 4 GROUPS TO OI PIC US CONVINCE.
GHE CONTINUED ACCIDENT BEHIND 4
OLD WIFE INVOLVED IN A 3 VEH. C.O.
4 WIFE THE 2ND CAR. INFORMED TP
CLAIM, MCF, AGREED TO COME 4
AFTER NCD REUSE. SEND LETTER TO OI.
- EMAIL LIABILITY CLERK.
- PINKETED
- ORIGINAL TP LOW IN.
- TYPE REPORT FOR WARRANT APPROVAL
- REPORT DONE
- SEND WARRANT APPROVAL TO EQ.
- EQ APPROVED WARRANTS.
- SEND 1ST OFFER.
- TP ACCEPTED OFFER. NO ON REQUESTED.

26/12/18

24/12/18

26/12/18

PRELIMINARY ADVICE Date/Time: 27/07/18

Sent By: 93

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$ 9,418.00

(6)

days

Reduction:

57

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

0%

Repair Cost:

(w/cost)

S\$ 10,109.36

Loss of Rental (LOR):

(w/cost)

S\$ 1,733.46

(9)

days

X \$150.00

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\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

S\$

11,844.76

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

11,844.76

Name 1:

CYCLES IN CARRIAGE - PULCO MOTOR POWER PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-