

15/5/2010

INS. CASE OWNER:

RA

CC 4 / AXA 180

131 55, Awa39

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

19/7/18

Date / Time:

19/7/2018

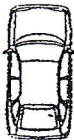
Registered in Merimen:

12/7/18

Pre-assign / CCU / FTE

SHD 3162

C0474112



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

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.:

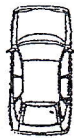
(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

GX

SLZ 8930J



INSRS:

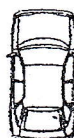
WSP:

Tel:

Liability:

RMKS:

My Solution



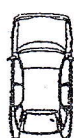
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

23/7

WONG

SLZ 8930J - X;

SHD 3162 - CC4/MG09009073100pm; BOA: 26/11/19

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:

31/7/18 email.
Vivia

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:

L16

S\$ 4,600.00

(6 days)

Reduction:

65 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

07/02/2020

Confirm with

OU WONG

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed)

BOLA S/N No.:

15

If NO or B 28, Ass. Lia:

Repair Cost:

(w/165T)

S\$ 4922.00

COLD CHANGED LANE

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 540.00

(\$ 60 x 9 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 Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

S\$ 5469.45

Global Sum S\$:

5,300.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 5,300.00

Name 1:

MG SOLUTION PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-