

INS. CASE OWNER:

YACHT

CC 3, Alb 180 14803, N3A3

LKK:

IDAC:

Surveyor:

NA2

DOI:

ASSIGNMENT

15/18/18

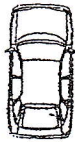
Date / Time:

13/08/18

Registered in Merimen:

15/18/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLE 30720

Name of Insured:

Han Jie An

Insured Tel No.:

HP: 989 2200

Excess Sec II :S\$

D.O.A: 10/8/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

374008 60709

Policy No.:

200674903

Make / Model:

WISSON MTE - 12CVT

Place of Accident:

Junction of Balestian Rd & Shan Rd

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

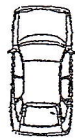
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHE 440H



INSRS:

WSP:

Tel:

Liability:

RMKS:

SWB7 M



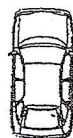
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

12/8/18

SHE 440H - 15/18/18 600 6296/11/16/18: 28/3/16
SLE 30720 - X- MINAUBED
- TP LOD IN BY EMAIL

- FIRE AGAINST OI.

11/12/18

- TP OUTGOING W/ TP.
- 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:

11/12/18 - TP

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

EMAIL

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR: - AGAINST OI

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:

46

S\$

5,600.00

(4 days)

Reduction:

50

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

ML

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

5,600.00

Loss of Rental (LOR):

S\$

667.68

(6 days)

x 6 111.28

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\$

700

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$

6,274.68

Global Sum S\$:

6,270.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

6,270.00

Name 1:

SURET TAXIS PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-