

15/5/2010

INS. CASE OWNER:

SUNPARI

CCV / III1801

5404, T1

LKK:

IDAC:

Surveyor:

THUPKHI

DOI:

ASSIGNMENT

24/08/18

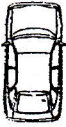
Date / Time:

27/8/18

Registered in Merimen:

26/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLIA 48772

Claim No.:

MOT18080655

Name of Insured:

CTP

Policy No.:

MLOWS015

Insured Tel No.:

HP:

Make / Model:

Miyunhi

Excess Sec II :S\$

D.O.A.:

Place of Accident:

To TAXI STAND 2

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: w/iam toy kmm kmm

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

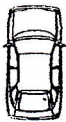
Driver Tel No.:

(V/L YES / NO)

Insured Liability: %

Final ? Yes / No

SHO28737

INSRS:
WSP:
Tel:
Liability:
RMKS:

prime

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time

27/8/18
TH

SHO28737-X

SHIA48772

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:

OI re-ended to TP.

PINKUERO

ORIGINAL TP LOB IN:

RECEIVED 02 OCT 2018

III APPROVED WABATE

GONO ACCEPTANCE BULK TO TP

RECEIVED BY. ALL BOCS IN ORDER.

TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$

2,463.75

(2 days)

Reduction:

41

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

Repair Cost:

(w/ass)

S\$

2,636.21

Loss of Rental (LOR):

S\$

428.40

(3 days)

142.80

Loss of Use (LOU):

S\$

-

(\$ x days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

Total:

S\$

3,064.61

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,064.61

Name 1:

PRIME AUTO CLAIMS SERVICE P/B LIO

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:

\$250.00