

15/5/2010

INS. CASE OWNER:

Richard

CC 4 Asm
/AXA1801

5430, U h b 3

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

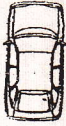
23/08/18

Date / Time :

22/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

PC 557E

Name of Insured :

WHEELWORLD construction plc

Insured Tel No. :

05692376

HP:

Excess Sec II :\$S

D.O.A :

21/7/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

MO FOR 200

Driver Tel No. :

80577171

(V/L: YES / NO)

OI GIA REPORT YES / NO :

YES

TP GIA REPORT YES / NO

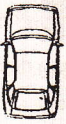
YES

Insured Liability :

%

Final ? Yes / No

XD PTAIT



INSRS:

WSP:

Tel :

Liability :

RMKS:

WSP
VRO

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

XD PTAIT - X

PC 557E - Y

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:

Repair Cost:

US

\$S

2,200.00

(3

days) Reduction:

77

%

Email

Call

FINAL SETTLEMENT

Date/Time:

15/03/19

Confirm with

SVAN

Email

Call

Final Liability:

%

50

(Agreed / Assessed)

BOLA S/N No. :

NIL

If NO or B 28, Ass. Lia :

Repair Cost:

\$2,200.00

\$S

1,100.00

CONFLICTING VERSIONS

CUTTING CASE

Loss of Rental (LOR):

\$S

-

(days)

Loss of Use (LOU):

\$900

\$S

450.00

\$180

x 5

days)

Loss of Income (LOI):

\$S

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GLA/LTA Search

\$2.00

\$S

2.00

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:

\$3,102.00

\$S

1,552.00

Global Sum \$S:

1,550.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

1,550.00

Name 1:

LIU'S BROTHER AUTO ENGINEERING WORKSHOP

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-