

15/5/2010

INS. CASE OWNER:

Richard

CC 4 ASM
/AXA1801

58265, 12163

LKK:

IDAC:

Surveyor:

Kalin.

DOI:

ASSIGNMENT

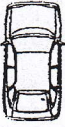
70/8/18

Date / Time:

70/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YP 8514B

Claim No.:

S8M00TFC) 66221

Name of Insured:

EVERSON EVERETTAL (S) PU

Policy No.:

CN89717V

Insured Tel No.:

HP:

27/8/18

Make / Model:

HIND

Excess Sec II :\$S

D.O.A.:

Place of Accident:

PASIR RIS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

KANG SHINAI

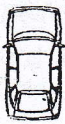
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

Final ? Yes / No

INSRS:
WSP:
Tel:
Liability:
RMKS:

lex build

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

Date/ Time		STAGE	DATE / PIC
6/11/18	SBS 6505Y-X	Non-Reporting ltr (1st):	
11/11/18	YP 8514B-X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	23/10/18 - VIC
		Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	☐
23/10/18		After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
		Car Rental Invoice:	☐
23/10/18		Towing Invoice	☐
		LTA / GIA:	☒
		Medical Bill:	☐
		PIR:	☐
02/11/18		Mandate/Reject Instruction:	☒
02/11/18		LOD	☒
09/11/18		Payment Breakdown Form:	☐
		Post-Repair Photos:	☒
		Others:	☐
PRELIMINARY ADVICE Date/Time: Sent By:			

FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L15	\$S\$ 4,800.00	(1 days) Reduction: 83 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	NIL
Repair Cost:	(w/less)	\$S\$ 5,126.00		LOW HIT PARKED TP)
Loss of Rental (LOR):	\$S\$		(days)	
Loss of Use (LOU):	\$S\$	1,000.00	250 x 4 days)	
Loss of Income (LOI):	\$S\$		(\$ x days)	
LOR only ☐ LOU only ☒		LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$S\$	2.00		
Medical:	\$S\$			
Disbursement:	\$S\$		(e.g. Tow/ Independent)	
Legal Cost	\$S\$			
Total:	\$S\$	6,138.00	Global Sum \$S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S\$	6,138.00	Name 1:	LEXBUILD INTERNATIONAL PTE LTD
Payee 2: (Strike if N.A.)	\$S\$		Name 2:	
Payee 3: (Strike if N.A.)	\$S\$		Name 3:	