

13/0019

INS. CASE OWNER

Stacy
Amc

C4 Agm 18015849/1 Ha3

cc 3, BW 180 15849, P1 6322

LKK:

IDAC:

68761

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

Claim No.:

Policy No.:

Make / Model :

Place of Accident :

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



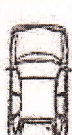
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
14/19	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI: 16/11/2018	
	After call ltr to OI: 16/11/2018 - ore	
	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: No token	
PRELIMINARY ADVICE	Date/Time: 14/19	Sent By: Hm
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L6	\$S 2,500.00 (2 days) Reduction: 38 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 22/05/19	Confirm with: William
Final Liability:	% 100 (Agreed) Assessed) BOLA S/N No. : 15	Email ☒ Call ☐
Repair Cost: (w/acc)	\$S 2,675.00	If NO or B 28, Ass. Lia:
Loss of Rental (LOR):	\$S 460.00 (4 days) X \$115.00	Old changing lane and causing collision.
Loss of Use (LOU):	\$S 200.00 x 4 days	COPY SENT 4/9/2018
Loss of Income (LOI):	\$S - (S x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]	
GIA/LTA Search	\$S 7.19	
Medical:	\$S -	
Disbursement:	\$S -	
Legal Cost	\$S -	
Total:	\$S 3,342.19	Global Sum \$S: 3,340
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 3,340.00	Name 1: COMFORTABLE ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2: -
Payee 3: (Strike if N.A.)	\$S -	Name 3: -

TO PROCESS KAMUND TO CDBS FOR SURVEY PMS \$121.20
ONCE AXA PAYMENT IS IN.