

INS. CASE OWNER:

CC 6, LCR 180 6453, H was 2

IDAC:

Surveyor:

mp

DOI:

12/9/2018

Date/Time:

12/09/18

Registered in Merimot:

18/6/18

Pre-assign / CCU / FTE

ASSIGNMENT



Insured Vehicle No.:

SLF 7401 G

Claim No.:

Name of Insured:

LCPT PIC

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Honda Vezel

Excess Sec II : \$\$

D.O.A.:

9/9/2018

Place of Accident:

Merimot Junction

Is driver the owner? (YES /)

Nature of Accident:

If NO, Driver Name / Age:

CHINNYA MO SUBRAMANIAM

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

Driver Tel No.:

86841153

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

STL 5246T

CHEW MOTOR



INSRS:

WSP: ~~1/1/1~~

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

21/9/2018

STL 5246T, 13/10/18, 19/10/18, 19/10/18

STAGE

DATE / PIC

Non-Reporting Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI:

After call Itr to OI:

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)

After call Itr 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:

1/10/18

Email letter to OI.

19/10/18

Workshop insited the Rental document is rate invoice and receipt.

RECEIVED 13 OCT 2018

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost

\$\$

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

19/10/18

Confirm with: SUCYJ

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 5

If NO or B 28, Ass. Lia :

Repair Cost:

\$\$

3300.00

Loss of Rental (LOR):

\$\$

1080.00

(9 days) X 120.00

Loss of Use (LOU):

\$\$

-

(\$ x days)

Loss of Income (LOI):

\$\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$\$

Medical:

\$\$

Disbursement:

\$\$

Legal Cost

\$\$

Total:

\$\$

4380.00

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$\$

4380.00

Name 1:

Chew Motor Pte Ltd

Payee 2: (Strike if N.A.)

\$\$

Name 2:

Payee 3: (Strike if N.A.)

\$\$

Name 3:

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

19/10/18