

15/5/2010

INS. CASE OWNER:

CC 7 / CTI1801

7067, F2 1/6h

LKK:

IDAC:

Surveyor:

Falvin

DOI:

ASSIGNMENT

15/9/18

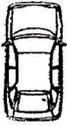
Date / Time:

15/9/18

Registered in Merimen:

Pre-assign / CCU / FTE

5VA 3A18B



Insured Vehicle No.:

Claim No.:

5MM18D0454700/8

Name of Insured:

ROHAR VEIWER

Policy No.:

MMPLS0005871700

Insured Tel No.:

HP: 96678479

Make / Model:

ANOI

Excess Sec II :SS

D.O.A.: 15/9/18

Place of Accident:

PANPACIFIC SINGAPORE

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

DEWI HAPSARI VEIWER

OI GIA REPORT: YES / NO

YES / NO

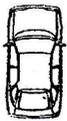
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final? Yes / No

SML 2777

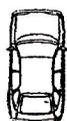


INSRS: WSP: Tel: Liability: RMKS:

UMBE M



INSRS: WSP: Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date / Time	STAGE	DATE / PIC
27/9/18	SML 2777 - 15/9/18	
24/10/18	OJD reversing into parking lot and collided with TP. send email to OI with COR. and cc to Elaine Cheong.	Call OI: THM By Email. 24/10
27/10/18	BELOW \$3K MANDATE IT SETTLED WITH TP. ALL DOCS IN ORDER TO CLOSE.	Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: EMAIL <input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice: <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
		LOD: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 19/09/18 Sent By: BS

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 46 \$S 1,850.00 (2 days) Reduction: 69 % Email Call

FINAL SETTLEMENT Date/Time: 21/10/18 Confirm with: WILSON Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 24 If NO or B 28, Ass. Lia: COLD (CONTRACT TO LOT)

Repair Cost: (with GST) \$S 1,979.50 Loss of Rental (LOR): \$S 355.60 (2 days) x \$167.80

Loss of Use (LOU): \$S 100.00 (\$ 50 x 2 days) Loss of Income (LOI): \$S - (\$ x days) BELOW \$3K MANDATE

LOR only LOU only LOR + LOU LOR + LO [Tick only one] GI/LTA Search \$S 7.49

Medical: \$S - Disbursement: \$S - (e.g. Tow/Independent) 1) Claim status: Normal/Reject/Private Settle

Legal Cost \$S - 2) Report Format: 3) Survey fee: \$400.00

Total: \$S 2,422.59 Global Sum \$S: 2,420.00

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$S 2,420.00 Name 1: COMFORTABLE ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) \$S - Name 2: - Payee 3: (Strike if N.A.) \$S - Name 3: -