

INS. CASE OWNER:

CC 4, LPL 180 18016, N 12a3g

LKK:
IDAC:

Survivor:

N02

DOI:

ASSIGNMENT

4-10-18

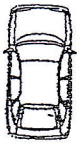
Date / Time:

4-10-18

Registered in Merimen:

Pre-assign / CCU / FTL

6W 9003D



Insured Vehicle No.:

Claim No.: 18/10/18 / VC 00/020979

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.: 29/9/18

Place of Accident:

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

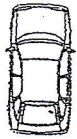
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHC 4278D



INSRS:

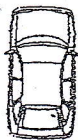
WSP:

Tel:

Liability:

RMKS:

Supt. m.



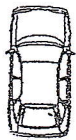
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

27/10/18

SHC 4278D - CS/TIT 0000033/W/LMYL 100% 23/10/18
6W 9003D - X

OI vehicle row forward and collided onto TP vehicle which was park at the front parking lot.

- FINISHED
- ORIGINAL TP LOG IN

20/10/18

- FILED PLS TO REPORT TO TYPE HANDLES

- REPORT DONE

21/10/18

- GIVE WARRANTS APPROVAL TO LPC

26/10/18

- LPC APPROVED WARRANTS

27/10/18

- SEND 1st OFFER TO TP.

27/10/18

- LOGGED ORIG. BV. TP ACCEPTED OFFER

06/11/18

- ALL DOCS IN ORDER.

- TO CLOSE.

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: ITR

PRELIMINARY ADVICE Date/Time:

19/10/18

Sent By:

as

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$ 180.33

(2 days)

Reduction:

75

%

Email

Call

FINAL SETTLEMENT

Date/Time:

27/12/18

Confirm with:

SUCONA

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 180.33

Loss of Rental (LOR):

S\$ 665.01

(5.5 days)

X 120.91

Loss of Use (LOU):

S\$ 121.91

(\$76.71 x 5.5 days)

- ITR

Loss of Income (LOI):

S\$ -

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

7.00

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/ Independent)

Total:

S\$ 1,571.25

Global Sum S\$:

1,570.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 1,570.00

Name 1:

SURT TAXIS PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: