

INS. CASE OWNER:

EUNINE

CC

6, CT1

180

18062

Aha3n2

LKK:

IDAC:

Surveyor:

LWP

DOI:

ASSIGNMENT

3-10-18

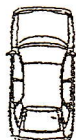
Date / Time:

3-10-18

Registered in Merimen:

Pre-assign / CCU / FTE

GZ 1570U



Insured Vehicle No.:

Claim No.:

9NM180 04721002

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

1-10-18

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

SJJ2326B

GZ 1570U

SLZ 5732J



INSRS:

WSP:

Tel:

Liability:

RMKS:



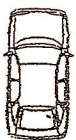
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

11/10

SLZ 5732J - X ;

12/10

GZ 1570U - call LCR 170052951 / 170052951 : 17/10

01/11/18

- EMAIL LIABILITY CLEAR
 - FILE ROUTED. OIL INVOLVED IN 3 VEH. C.C.
 - OIL 2ND CAR. SEND LETTER & EMAIL
 - TO OI.

16/01/19

- MINUTE.
 - SEND PA TO OI
 - TYPE REPORT WHILE PENDING FOR TP. LOG
 - TP LOG IN
 - REPORT DONE

25/01/19

- SEND WARRANTS TO CTI BY EMAIL

28/01/19

- CTI APPROVED WARRANTS

26/02/19

- SEND 1st OFFER TO TP.

27/02/19

- TP ACCEPTED OFFER.

04/03/19

- ORIGINAL LOSS IN. AL IN ORDER.

PRELIMINARY ADVICE

Date/Time:

16/01/19

Sent By:

VIC

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L19

S\$

7,450.00

(7

days)

Reduction:

36

%

Email

Call

FINAL SETTLEMENT

Date/Time:

26/02/19

Confirm with:

EUNINE

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

0%

Repair Cost:

(w/ass)

S\$

7,971.50

(3 VEH. C.C.; OIL 2ND CAR)

Loss of Rental (LOR):

S\$

700.00

(7

days)

x \$100.00

Loss of Use (LOU):

S\$

-

(\$

x

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 400.00

Total:

S\$

8,673.50

Global Sum S\$:

8,650.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

8,650.00

Name 1:

KANG CAR REPAIRERS PTB VCB

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-