

15/5/2010

INS. CASE OWNER:

CC 4 / LPC1801

8105, D Wb 39

LKK:

IDAC:

Surveyor:

Brynn

DOI:

ASSIGNMENT

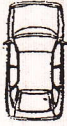
8/10/18

Date / Time:

4/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBC 17875

Claim No.:

18/10/18/105/100005

Name of Insured:

Penta Unlimited Inc

Policy No.:

2180000000100

Insured Tel No.:

HP:

Make / Model:

Mitsubishi

Excess Sec II :\$S

D.O.A.:

1/1/18

Place of Accident:

Bismarck Rd

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Nong Sin Moon

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

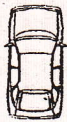
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SGY 78875



INSRS:

WSP:

Tel:

Liability:

RMKS:

CAREWELL
AUTO

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
7/10/18	Non-Reporting ltr (1st):	
7/10/18	Non-Reporting ltr (2nd):	
7/10/18	Non-Reporting ltr (Final):	
7/10/18	Notification ltr (if non-pickup):	
7/10/18	Call OI:	
7/10/18	After call ltr to OI:	
05/12/18	Documentation Check List: Handler Typist	
05/12/18	Notification ltr (if non-pickup)	
05/12/18	After call ltr to OI:	
05/12/18	Authorisation To Act:	
05/12/18	Release Voucher:	
05/12/18	Final Repair Bill:	
05/12/18	Car Rental Invoice:	
05/12/18	Towing Invoice:	
05/12/18	LTA / GIA :	
05/12/18	Medical Bill:	
05/12/18	PIR:	
05/12/18	Mandate/Reject Instruction:	
05/12/18	LOD	
05/12/18	Payment Breakdown Form:	
05/12/18	Post-Repair Photos:	
05/12/18	Others:	
PRELIMINARY ADVICE	Date/Time: 16/10/18	Sent By: BG
26/06/19	RECEIVED BY: TP ACCEPTED OFFER.	
FINALIZATION	Date/Time: 21/02/19	Confirm with: SKELYN
Repair Cost: 49	\$S 2,300.00 (3 days) Reduction: 54 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/02/19	Confirm with: SKELYN
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	Email ☒ Call ☐
Repair Cost:	\$S 2,300.00	If NO or B 28, Ass. Lia : 0% (4 VEH. C.C., Old 940)
Loss of Rental (LOR):	\$S - (days)	
Loss of Use (LOU):	\$S 360.00 x 3 days	
Loss of Income (LOI):	\$S - (\$ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$S -	
Medical:	\$S -	
Disbursement:	\$S - (e.g. Tow/ Independent)	
Legal Cost	\$S -	
Total:	\$S 2,660.00 Global Sum \$S: -	
FINAL PAYMENT	Date/Time: 21/02/19	Confirm with: SKELYN
Payee 1:	\$S 2,660.00 Name 1: CAREWELL AUTO SERVICE	Email ☐ Call ☐
Payee 2: (Strike if N.A.)	\$S - Name 2: -	
Payee 3: (Strike if N.A.)	\$S - Name 3: -	