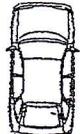


INS. CASE OWNER: any 11/11 CC 4/LPC 180 18112 / Abbas LKK: IDAC:

ASSIGNMENT

Supervisor: WMP DOI: 5-10-18 Date/Time: 4-10-18

Pre-assign / CCU / FTE Registered in Merimen: -

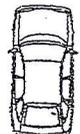


Insured Vehicle No. : SJP 70104  
Name of Insured :  
Insured Tel No. : HP:  
Excess Sec II : \$S D.O.A : 3/10/18  
Is driver the owner? (YES / NO) Nature of Accident :

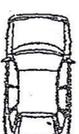
Claim No. : 18118/1814905/020986 lx  
Policy No. :  
Make / Model :  
Place of Accident : gishun Ave 6

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : (VL: YES / NO) Insured Liability : % Final ? Yes / No

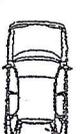
G80 5542A



INSRS: J-maa  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/Time	STAGE	DATE / PIC
<u>20/10</u>	Non-Reporting ltr (1st):	
<u>21/10</u>	Non-Reporting ltr (2nd):	
<u>21/10</u>	Non-Reporting ltr (Final):	
<u>21/10</u>	Notification ltr (if non-pickup):	
<u>21/10</u>	Call OI:	
<u>21/10</u>	After call ltr to OI:	
<u>21/10</u>	Documentation Check List: Handler Typist	
<u>21/10</u>	Notification ltr (if non-pickup)	<input type="checkbox"/>
<u>21/10</u>	After call ltr to OI:	<input type="checkbox"/>
<u>21/10</u>	Authorisation To Act:	<input checked="" type="checkbox"/>
<u>21/10</u>	Release Voucher:	<input checked="" type="checkbox"/>
<u>21/10</u>	Final Repair Bill:	<input checked="" type="checkbox"/>
<u>21/10</u>	Car Rental Invoice:	<input checked="" type="checkbox"/>
<u>21/10</u>	Towing Invoice	<input type="checkbox"/>
<u>21/10</u>	LTA / GIA :	<input type="checkbox"/>
<u>21/10</u>	Medical Bill:	<input type="checkbox"/>
<u>21/10</u>	PIR:	<input type="checkbox"/>
<u>21/10</u>	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
<u>21/10</u>	LOD	<input checked="" type="checkbox"/>
<u>21/10</u>	Payment Breakdown Form:	<input type="checkbox"/>
<u>21/10</u>	Post-Repair Photos:	<input type="checkbox"/>
<u>21/10</u>	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 4/5/2019 Sent By: CPK

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LIG \$S 4,250.00 ( 6 days) Reduction: 45 % Email  Call

FINAL SETTLEMENT Date/Time: 13/12/19 Confirm with: Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia : Front to rear collision

Repair Cost: (w/GR) \$S 4,547.50  
Loss of Rental (LOR): \$S 960.00 ( 8 days) X 420.00  
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 -  
Medical: \$S -  
Disbursement: \$S - (e.g. Tow/Independent)  
Legal Cost \$S -

Total: \$S 5,507.50 Global Sum \$S: -  
1) Claim status: Normal/Reject/Private Settle  
2) Report Format:  
3) Survey fee: \$450.00

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: \$S 5,507.50 Name 1: J-MART MOTOR PTB LTD  
Payee 2: (Strike if N.A.) \$S = Name 2: =  
Payee 3: (Strike if N.A.) \$S = Name 3: =