

INS. CASE OWNER:

Sallha

CC 6/ ALH 180

18235, Afa3

LKK:

IDAC:

S. REVIEWER:

Lmp

DOI:

ASSIGNMENT

8.10.18

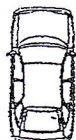
Date / Time:

8.10.18

Registered in Merimen:

9.10.18

Re-assign / CCU / FTE



Insured Vehicle No. : SLQ 4437

Claim No. : 86437 950 915G

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : \$S D.O.A : 4-10-18

Place of Accident : Mandaw

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

SFY 7272H



INSRS:

WSP:

Tel:

Liability:

RMKS:

J-mart.



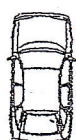
INSRS:

WSP:

Tel:

Liability:

RMKS:



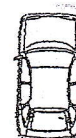
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 18/11/2018

After call ltr to OI:

03/09/19 - VIC

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:

PRELIMINARY ADVICE

Date/Time:

Sent By:

- TP Accepted OFFER. All costs in credit.

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S

\$S 7,400.00 (9 days) Reduction: 50 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

ANGIE

Email ☐ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: (w/loss)

\$S 7,918.00

Loss of Rental (LOR):

\$S 1,100.00 (11 days) x 4100.00

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 -

Legal Cost

\$S -

Total:

\$S 9,018.00

Global Sum \$S: -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$ 320.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$S 9,018.00

Name 1:

J-MART MOTOR PTE LTD

Payee 2: (Strike if N.A.)

\$S -

Name 2:

Payee 3: (Strike if N.A.)

\$S -

Name 3: