

INS. CASE OWNER:

RA

CC 4 / Asm 180

18428, U3a3

LKK:

IDAC:

74098

Surveyor:

Mappins

DOI:

ASSIGNMENT

25/10/18

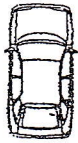
Date / Time:

9-10-18

Registered in Merimen:

Pre-assign / CCU / FTE

GBD 8663P



Insured Vehicle No.:

Claim No.:

S8MWD YH9

Name of Insured:

FORWARDERS & DELIVERY Agency
SG 111

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

29/12/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

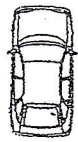
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

GBB 2494K



INSRS:

WSP:

Tel:

Liability:

RMKS:

Thank one.



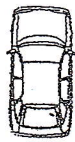
INSRS:

WSP:

Tel:

Liability:

RMKS:



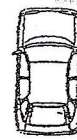
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

2/11/18
Joy

GBB 2494K - 103 Hm 170 146320 / KKLbm; dm: 21/12/18
- 11/11/18 170 146320 / NC-1; dm: 21/12/18
GBD 8663P, x

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:

11/10

DMR. sent out 1st letter. (or reported)

26/6/19

Email workshop liability unclear.

- TO GET LOR

- OLD REPORTED NOT AWARE OF ACCIDENT,
NO COLLISION.

20/12/19

- TP WITHDRAW CLAIM

- EMAIL ASK TO SUBMIT WP REPORT

- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

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\$

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

4750.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

NO WITHDRAW
TP WITHDRAW
CLAIM