

INS. CASE OWNER:

CL

CC 4, Asm 180

18479, U 203

LKK:

IDAC:

74040

Surveyor:

CKS

DOI:

ASSIGNMENT

17/10/18

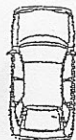
Date / Time:

9.10.18

Registered in Merimen:

Pre-assign / CCU / FTE

SGA 655Y



Insured Vehicle No.:

Claim No.:

SGM 00 X 27

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

3.10.18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

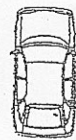
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

5102 758E



INSRS:

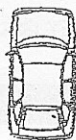
WSP:

Tel:

Liability:

RMKS:

Auto N Cars



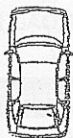
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

3/10

5102 758E, 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:

8/5/19
viviou

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P S\$ 3014.56 (4 days) Reduction: 47. %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 8/6/2020

Confirm with DANA

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27

If NO or B 28, Ass. Lia:

Repair Cost: W/B S\$ 3225.58

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 240.00 (\$60 x 4 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\$ 3465.58

Global Sum S\$: 3460.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format: P/P

3) Survey fee: \$350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 3460.00

Name 1:

Auto N Cars Services Pte Ltd.

Payee 2: (Strike if N.A.) S\$ -

Name 2:

Payee 3: (Strike if N.A.) S\$ -

Name 3: