

15/5/2010

INS. CASE OWNER:

DANIEL

CC 4/III1801

8892/K WBY

LKK:

IDAC:

Surveyor:

ESC

DOI:

ASSIGNMENT

16/10/18

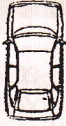
Date / Time:

16/10/18

Registered in Merimen:

12/10/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 25448

Claim No.:

MOT1810 0101

Name of Insured:

LTPC

Policy No.:

M10M0615

Insured Tel No.:

HP:

Make / Model:

HYUNDAI

Excess Sec II :\$S

D.O.A.:

04/10/18

Place of Accident:

DELMAR RD.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MOHAMMED FEROZ BIN SAPARI

OI GIA REPORT: YES / NO

YES

TP GIA REPORT:

YES

NO

Driver Tel No.:

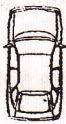
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

GBB 9M234



INSRS:

WSP:

Tel:

Liability:

RMKS:

Carplus



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
22/10/18	GBB 9M234 - WSP (MSG) 100% (YOUT. 16/10/18)	Non-Reporting ltr (1st):	
22/10/18	SHA 25448 - WSP (MSG) 100% (YOUT. 16/10/18)	Non-Reporting ltr (2nd):	
22/10/18		Non-Reporting ltr (Final):	
22/10/18		Notification ltr (if non-pickup):	
22/10/18		Call OI:	
22/10/18		After call ltr to OI:	
22/10/18		Documentation Check List: Handler	Typist
22/10/18		Notification ltr (if non-pickup)	
22/10/18		After call ltr to OI:	
22/10/18		Authorisation To Act:	
22/10/18		Release Voucher:	
22/10/18		Final Repair Bill:	
22/10/18		Car Rental Invoice:	
22/10/18		Towing Invoice:	
22/10/18		LTA / GIA:	
22/10/18		Medical Bill:	
22/10/18		PIR:	
22/10/18		Mandate/Reject Instruction:	
22/10/18		LOD	
22/10/18		Payment Breakdown Form:	
22/10/18		Post-Repair Photos:	
22/10/18		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: 45	\$S 4,400.00	(7 days) Reduction: 45 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 22/10/18	Confirm with: TRACY	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	27	
Repair Cost:	\$S 4,400.00			
Loss of Rental (LOR):	\$S 190.00	(7 days) X 270		
Loss of Use (LOU):	\$S -	(S x days)		
Loss of Income (LOI):	\$S -	(S x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	\$S 7.45			
Medical:	\$S -			
Disbursement:	\$S -	(e.g. Tow/ Independent)		
Legal Cost	\$S -			
Total:	\$S 4,897.45	Global Sum \$S: -		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	\$S 4,897.45	Name 1: CARPLUS AUTO PTE LTD		
Payee 2: (Strike if N.A.)	\$S -	Name 2: -		
Payee 3: (Strike if N.A.)	\$S -	Name 3: -		