

CC 3 / 116 180 18900 N/A 23

LKK:

IDAC:

Surveyor:

Naz

DOI:

ASSIGNMENT

15/10/18

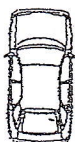
Date / Time:

11/10/18

Registered in Merimen:

17/10/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLQ 7393M

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$\$

D.O.A.:

11/10/18

Place of Accident:

HOANG ANH 3

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

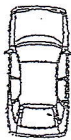
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHC 4420J



INSRS:

WSP:

Tel:

Liability:

RMKS:

[Imp. m]



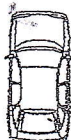
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

19/10

11/10

SHC 4420J - 07/11/18 15007696 / (15m34) : 00A 11/11/18

SLQ 7393M - x

FINISHED

06/12/18

FILE REJECTED. OI RATE-ENHANC TP.

SEND LETTER TO OI.

12/12/18

9:55 AM

OI CALLED IN 4 REJECTED LETTER.

INFORMED TP CLAIM AGENTS TO OFFER

4 AWAITS NCD ISSUES.

21/12/18

TP LOB IN BY GMAIL

SEND 1ST OFFER TO TP.

TP ACCEPTED OFFER.

ALL DOCS IN ORDER.

TO CLOSE.

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

46

S\$ 550.00

(2 days) Reduction:

78

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

LOS ASK

Email

Call

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 550.00

Loss of Rental (LOR):

S\$ 445.12

(4 days)

x \$111.28

Loss of Use (LOU):

S\$

-

(\$

x

days)

TPB1

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only ☒ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

7.00

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

Total:

S\$

1,002.12

Global Sum S\$:

1,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,000.00

Name 1:

SHRT TAXIS PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00