

INS. CASE OWNER:

CC

4, QBE 180 19366, Uha3n2

LKK:

IDAC:

Surveyor:

M. Hume

DOI:

ASSIGNMENT

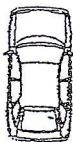
24/10/18

Date / Time:

24/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDA 8818C

Name of Insured:

TJA IAN GROVE

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A.:

24/10/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

VCO11971

Policy No.:

Make / Model:

Place 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

SJT 462B



INSRS:

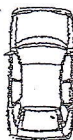
WSP:

Tel:

Liability:

RMKS:

2-one



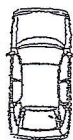
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

8/11/18

SJT 462B

- C4/11/18 140 20 186 / 19/11/18; DOA: 26/11/18

SDA 8818C - x

- Please check OI's DL status.
- FINGERPRINT
- OI HOLDING WORKING U-TOKEN

18/12/18

- PLS FORWARDED OI WORKING U-TOKEN. OI IS FOREIGN DRIVER. SEND LETTER TO OI IN EMAIL TO NOTIFY TP CERTAIN IN NCD 10000.

30/01/19
11/02/19

- ORIGINAL TP LOG IN.
- REPORT DONE
- OI'S MANDATE APPROVAL TO QBE.
- QBE APPROVED MANDATE
- SEND ACCEPTANCE EMAIL TO TP.
- ALL DONE 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:

18/12/18 - 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: 30/09/18

Sent By: QB

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L/g

\$ 2,000.00

(3)

days) Reduction:

59

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

100

(Agreed / Assessed)

BOLA S/N No.:

11a

If NO or B 28, Ass. Lia:

Repair Cost: (w/acc)

\$ 2,140.00

Loss of Rental (LOR):

\$ 100.00

(4)

days) X \$ 100.00

Loss of Use (LOU):

\$ -

(\$

x

days)

Loss of Income (LOI):

\$ -

(\$

x

days)

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

[Tick only one]

GIA/LTA Search

\$ 36.45

Medical:

\$ -

Disbursement:

\$ -

Legal Cost

\$ -

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 100.00

Total:

\$ 2,576.45

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$ 2,576.45

Name 1:

Z-ONE AUTOMOTIVE PTE LTD

Payee 2: (Strike if N.A.)

\$ -

Name 2:

Payee 3: (Strike if N.A.)

\$ -

Name 3: