

P.S. CASE OWNER:

100, JIMMY

CC

6, ALA

180

19706,

Uha39

LKK:

DAC:

Surveyor:

MARENS

DOI:

ASSIGNMENT

37-10-18

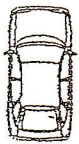
Date / Time:

30-10-18

Registered in Merimen:

30-10-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 3139K

Claim No.:

96194557075G

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$S

D.O.A.:

30/10/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L) YES / NO

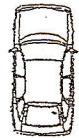
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

GBF 5886 J



INSRS:

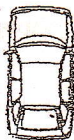
WSP:

Tel:

Liability:

RMKS:

2m Auto



INSRS:

WSP:

Tel:

Liability:

RMKS:



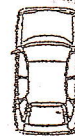
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

5/11
11/11

GBF 5886 J, X; SHD 3139K, 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:

28/10/18 @
2:07PM

REPORT TO OI. HE CONFIRMED ACCIDENT
DETAILS & WAS INVOLVED IN A 3 VEH.
C.C. & ROAD-EMERGENCY TP. INFORMED
TP CLAIM & NCD EQUIS. SEND LETTER
& EMAIL TO OI.
TP CHECK IN. NO VIDEO FOOTAGE.

12/12/18

TYPE REPORT FOR MANDATE APPROVAL
REPORT DONE

29/1/19

SEND MANDATE APPROVAL TO AG.

29/03/19

AG APPROVED MANDATE @ LOU

09/04/19

SEND 1ST OFFER TO TP

27/05/19

TP ACCEPTED OFFER.
ALL DOCS IN ORDER.
TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

S\$ 11,966.33

(8 days)

Reduction:

34

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

100%

Repair Cost: (w/ GST)

S\$ 12,803.97

C3 16H-CG, OI (45%)

Loss of Rental (LOR): (w/ GST)

S\$ -856.00

(8 days)

X 4100.00

Loss of Use (LOU):

S\$ 420.00

S60

x

8

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\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

5320.00

Total:

S\$ 13,283.97

Global Sum S\$:

13,280.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 13,280.00

Name 1:

JIN AUTO SERVICES PTE LTD

Payee 2. (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3. (Strike if N.A.)

S\$

-

Name 3:

-