

INS. CASE OWNER:

CC 3 / AG 180 19838 / T1 ja39/2

LKK:
IDAC:

Surveyor:

MMH

DOI:

ASSIGNMENT

19/10/18

Date / Time:

31/10/18

Registered in Merimen:

31/10/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJH 1558R

Claim No. : _____

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 :

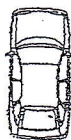
Driver Tel No. :

(V/L YES / NO)

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

Insured Liability: % Final ? Yes / No

S6B 5312 Z



INSRS:

WSP:

Tel:

Liability:

RMKS:

pm



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

13-11-18

S6B 5312 Z - x ;

SJH 1558R - 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:

13-11-18 JOY

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

X

After call ltr to OI:

X

Authorisation To Act:

X

Release Voucher:

X

Final Repair Bill:

X

Car Rental Invoice:

X

Towing Invoice

X

LTA / GIA :

X

Medical Bill:

X

PIR:

X

Mandate/Reject Instruction:

X

LOD

X

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

CAROLINE

Email

Call

Final Liability:

%

(Agreed / Assessed)

BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

5,955.03

Loss of Rental (LOR):

S\$

days)

Loss of Use (LOU):

S\$

300 / (\$ 60 x 5)

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\$

Total:

S\$

6,255.03

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

5,955.03

Name 1:

PERFORMANCE MOTORS LTD

Payee 2: (Strike if N.A.)

S\$

300 - x /

Name 2:

VICKNESTHWARAN S/O THANHAVALU

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT
11/3/19