

INS. CASE OWNER:

SHEDINI

CC 3/111 180

19959, K1ha39

LKK:

IDAC:

Surveyor:

AWE

DOI:

ASSIGNMENT

1-11-18

Date / Time:

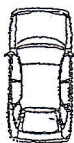
1.1.18

Registered in Merimen:

2-11-18

Pre-assign / CCU / FTE

CHB 4282X



Insured Vehicle No.:

Claim No.:

MOT 18100984

Name of Insured:

C7M

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

31-10-18

Place of Accident:

UTE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

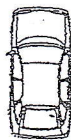
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final? Yes / No

SHC 6842L



INSRS:

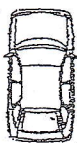
WSP:

Tel:

Liability:

RMKS:

Premier



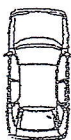
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

8/11
2018

SHC 6842L - X;

CHB 4282X - 03/11/18 180119631M p63; 00A-28/6/18

FINAUGED

3VC - 01 2ND B28

19-11-18 FOR MANDATE

MANDATE APPROVED

TP ACCEPTED OFFER.

Acc 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: L19

S\$ 1,600.00

(2 days)

Reduction: 52 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with JPF

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia.:

0

Repair Cost: 655

S\$ 1,765.50

(3 10M-GC; 010 2ND)

Loss of Rental (LOR):

S\$ 326.79

(3 days)

108.93

Loss of Use (LOU):

S\$ -

(\$ x days)

Loss of Income (LOI):

S\$ 120

(\$40 x 3 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:

\$350.00

Total:

S\$ 2,212.29

Global Sum S\$:

2,210

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 2,210.00

Name 1:

PREMIER AUTOMOTIVE SERVICES PTG LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-