

INS. CASE OWNER:

SAUHA

CC 3, AG 180 20254, Nha3

LKK:

IDAC:

Surveyor:

Nha2

DOI:

ASSIGNMENT

1-11-18

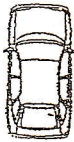
Date / Time:

1-11-18

Registered in Merimen:

8-11-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

GIBD 4782E

Claim No.:

009988393859

Name of Insured:

Veo Aquarium Enterprises

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$

D.O.A.:

28.10.18

Place of Accident:

Sg. Kadung.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

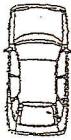
(V/L: YES / NO)

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

Insured Liability:

% Final ? Yes / No

TIB 1238 H



INSRS:

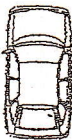
WSP:

Tel:

Liability:

RMKS:

Smart. w.l



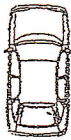
INSRS:

WSP:

Tel:

Liability:

RMKS:



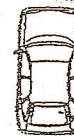
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

12/11/18
uc

TIB 1238 H. Npm/INC 090 12020/11/18 : OOA: 30/11/18
 GIBD 4782E - U/MA 120 13192/11/18 : OOA: 14/10/18

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 15/11/18 - uc

After call ltr to OI: 12/11/18 - uc

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:

12/11/18

- PUB KOUWUB. CUP KOUWUB THAT HE
 WAS TURNING TO THE NEXT LANE WHEN HIT
 BY TP PUB. GOND LUTER IN BUAL TO OI
 TO NOTIFY TP CLAIM IN NCB KOUWUB.

- MINKUBED.

- TP LOD IN BY BUAL

- OI PIC CALLED IN. AGREEED TO SONG.

- GOND 1st OFFER TO TP.

- TP ACCEPTED OFFER.

- ALL BOGS IN ORDER.

- TO CLOSE.

15/11/18

21/05/19

24/05/19

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

Lg

S\$ 900.00

(1

days) Reduction:

29

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

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

14

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 900.00

COID MOVING OUT (MOTORB)

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

600.00

(\$600 x 1 days)

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\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 320.00

Total:

S\$

1,207.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,207.00

Name 1:

SMART BUGS LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

Payee 3: (Strike if N.A.)

S\$

-

Name 3: