

INS. CASE OWNER:

CC 4, M 180 20970, Aha3

LKK:

IDAC:

Surveyor:

UMP

DOI:

ASSIGNMENT

26/11/2018

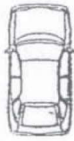
Date / Time:

19-11-18

Registered in Merimen:

19-11-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 1465 A

Claim No. : 6x

Name of Insured :

Policy No. :

Insured Tel No. : HP: 15/11/2018

Make / Model :

Excess Sec II : SS D.O.A : 15/11/2018

Place of Accident :

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

SKR 4476 J

INSRS:
WSP: Auto N
Tel : Cars.
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SKR 4476 J - X

SLH 1465 A - CC3/M1 6017641/2146502; OIA: 13/09/16

24/07/2020

Pls refer to VIEWS for details.

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: L/sum S\$ 2,100.00 (5 days) Reduction: 52 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 24/07/2020 Confirm with Darla

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 2,247.00

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 300.00 (\$ 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

Medical:

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost

Total: S\$ 2,547.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 2,547.00

Name 1: Auto N Cars Services Pte Ltd

Payee 2: (Strike if N.A.)

Name 2:

Payee 3: (Strike if N.A.)

Name 3:

1) Claim status: Normal/ ~~Delayed/Disputed/Contested~~

2) Report Format: TP

3) Survey fee: \$350.00