

15/5/2010

INS. CASE OWNER:

CC 3 / CTI 180

21920 / 101haz

LKK:

IDAC:

Surveyor:

Ank

DOI:

ASSIGNMENT

4/12/18

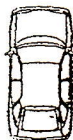
Date / Time:

4/12/18

Registered in Merimen:

Pre-assign / CCU / FTE

GP 700 X



Insured Vehicle No.:

Claim No.:

Name of Insured:

Sun Hunt Cleaning Products.

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

3/12/2018

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

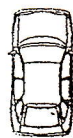
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHA 9096P



INSRS:

WSP:

Tel:

Liability:

RMKS:

0968 104949



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

14/12/18

SHA 9096P - CC3 / OUT 15017367 / 1811haz; 0968 104949

AP 700 X - X

- MINUJEND

- ORIGINAL TP LOD IN

01/03/19

- MRS. KUMAR. OLD MOVING OUT FROM OLD ROAD. SEND LETTER 4 MILE TO OI TO NOTIFY TP CLAIM 4 NCD ROAD.

- NO WARRANT. BELOW \$3K

- SEND 1st OFFER TO TP

11/03/19

- RECEIVED ORIG. BV. TP ACCEPTED OFFER. MILE ON SETTLEMENT AMOUNT.

- ALL BOB 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:

01/03/19 - VIC

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:

\$1,800.00

(3 days)

Reduction:

66 %

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: (w/600)

\$1,605.00

Loss of Rental (LOR):

\$402.50

(3.5 days)

x \$115.00

Loss of Use (LOU):

\$75.00

(\$50 x 35 days)

Loss of Income (LOI):

\$ -

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$7.49

Medical:

\$ -

Disbursement:

\$ -

(e.g. Tow/ Independent)

Legal Cost

\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

\$2,189.99

Global Sum \$S:

2,180.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$2,180.00

Name 1:

COMFORT DELERO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

\$ -

Name 2:

Payee 3: (Strike if N.A.)

\$ -

Name 3: