

15/5/2010

INS. CASE OWNER:

PRIMA

CC 4 / III 1802

N61, U h639

LKK:

IDAC:

Surveyor:

mclrchs

DOI:

ASSIGNMENT

10/1/18

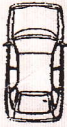
Date / Time:

10/1/18

Registered in Merimen:

10/1/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHL 8075X

Claim No.:

HGT 18120168

Name of Insured:

LTV

Policy No.:

M110015

Insured Tel No.:

HP:

Make / Model:

MERCEDES

Excess Sec II :\$S

D.O.A.:

6/1/18

Place of Accident:

PTE TMS TMS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Nena 3000 hmr

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

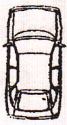
Driver Tel No.:

(V/L) YES / NO

Insured Liability: %

Final ? Yes / No

9/1/18



INSRS:

WSP:

Tel:

Liability:

RMKS:

RICO
60

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
14/1/18	9/1/18 SHL 8075X VIC	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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 4/9	\$S 5,650.00 (6 days) Reduction: 66 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/01/19	Confirm with: YVONNE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.:	28	If NO or B 28, Ass. Lia: 0%
Repair Cost: (6/1/18)	\$S 6,045.50		(3 VEH. C.C.; OLD 2ND)
Loss of Rental (LOR):	\$S 700.00 (7 days) x \$100		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	\$S 36.45		
Medical:	\$S -		
Disbursement:	\$S - (e.g. Tow/ Independent)		
Legal Cost	\$S -		
Total:	\$S 6,781.95	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 6,781.95	Name 1:	RICO GO AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-