

INS. CASE OWNER:

CC 6 / CTI 180 22469 / Mha3 n2

LKK:

IDAC:

Surveyor:

MPB

DOI:

ASSIGNMENT

14/12/18

Date / Time:

13/12/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

STN 4186D

Claim No.:

SNM18D05777C02/6 (STN 4186D)

Name of Insured:

STN won JAI

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

12/12/18

Place of Accident:

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

SMA 1266J



INSRS:

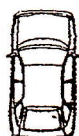
WSP:

Tel:

Liability:

RMKS:

Prime Auto.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

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:

28/12/18 - JIC

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:

19/12/18

Sent By:

a3

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$

4,934.80

(

7 days)

Reduction:

41

%

Email

Call

FINAL SETTLEMENT

Date/Time:

28/10/19

Confirm with:

AUCB

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

W/GRO

S\$

5,280.24

COID MHAZ-ENDDP TP

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

400.00

(\$50

x 8 days)

Loss of Income (LOI):

S\$

400.00

(\$50

x 8 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 400.00

Total:

S\$

6,082.24

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

6,082.24

Name 1:

PRIME AUTO CLAIMS SERVICE PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-