

15/5/2010

INS. CASE OWNER:

CC / AXA1802

LKK:

IDAC:

Surveyor:

KONNETH

DOI:

ASSIGNMENT

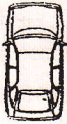
21/2/18

Date / Time:

19/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKD 5970

Name of Insured:

TRANS APB SERVICES PIV

Insured Tel No.:

HP:

Excess Sec II : \$S

\$5000

D.O.A.:

16/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

UM MEE LEONA

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

8880665 / 88812

Policy No.:

VPE / P1680570

Make / Model:

REMYUMT

Place of Accident:

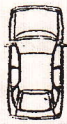
STADIUM BOMBEVARD ROUNDABOUT

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

Insured Liability:

%

Final ? Yes / No



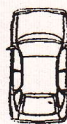
INSRS:

WSP:

Tel:

Liability:

RMKS:

ity
Auto

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

n/1/18
VIC

SKD 5970 - Y

SKD 5970 - Y

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:

21/2/18 - 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:

26/2/18

Sent By:

VIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

PLP

\$S

788.00

(2 days)

Reduction:

21 %

Email

Call

FINAL SETTLEMENT

Date/Time:

16/06/19

Confirm with:

VERONICA

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

788

If NO or B 28, Ass. Lia:

Repair Cost:

(w/loss)

\$S

843.16

OLD EXISTING ROUNDABOUT

Loss of Rental (LOR):

\$S

214.00

(2 days)

x \$100.00

PILOTOR CARS

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

-

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4250.00

Total:

\$S

1,057.16

Global Sum \$S:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Confirm by:

Payee 1:

\$S

1,057.16

Name 1:

CITY AUTO PLS LTD

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-