

15/5/2010

INS. CASE OWNER:

CHORINI

CC # III1802

LKK:

IDAC:

Surveyor:

HJ.

DOI:

ASSIGNMENT

21/1/18

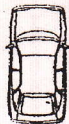
Date / Time:

21/1/18

Registered in Merimen:

21/1/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 4608 X

Claim No.:

MOT 18120677

Name of Insured:

CPR

Policy No.:

MUSM0015

Insured Tel No.:

HP:

Make / Model:

HYUNDAI

Excess Sec II :\$S

D.O.A.:

21/1/18

Place of Accident:

4E TMS 4TH

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

KIM KIM GUNW 46YR

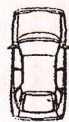
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

% Final ? Yes / No

INSRS:
WSP:
Tel:
Liability:
RMKS:world
auto.INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

3/1/19

SHD 4608 X - 4

STAGE

DATE / PIC

16/01/19

SHD 4608 X - CONTINUED FROM 3/1/19

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:

22/02/19

THE REPORT FOR MANDATE APPROVAL
REPORT DONE

07/03/19

GIVE MANDATE APPROVAL TO III BY
WORKMAN.

11/03/19

III APPROVED MANDATE.

13/03/19

SEND ACCEPTANCE BULK TO TP.

19/03/19

RECEIVED DV. ALL POC IN ORDER.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: PIP

\$S 5,715.60

5 days) Reduction:

52 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost: (w/600)

\$S 6,147.79

COLO RATE-ENDED TP)

Loss of Rental (LOR):

\$S

-

(

days)

Loss of Use (LOU):

\$S

200.00 (\$60 x 5

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:

\$500.00

Total:

\$S

6,447.79

Global Sum \$S:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

6,447.79

Name 1:

WORLD AUTO PTE LTD

Payee 2: (Strike if N.A.)

\$S

=

Name 2:

=

Payee 3: (Strike if N.A.)

\$S

=

Name 3:

=