

15/5/2010

INS. CASE OWNER:

CC

/EQI1900

0688, 4/1/19

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

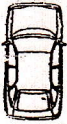
Welfia

Date / Time:

10/1/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBB 1377Y

Name of Insured:

AMBER COMPANIES LIMITED

Insured Tel No.:

HP:

8/1/19

Excess Sec II :S\$

D.O.A.:

Claim No.:

Policy No.:

DMPH 16-004900

Make / Model:

Fiat

Place of Accident:

14E Times Ave

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Lim Gohm Sheng 7300

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability:

% Final ? Yes / No

GBA 2586J

GBB 1377Y

GU 4477M



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

16/1/19
VTC

GUA 4477M

GUA 4477M - P

FINA 1600

22/02/19

PUS REQUIRED. OLD INVOLVED IN A
E VEH. C.C. & WAS THE 2ND CAR.
9600 LATER & BUILT TO OI TO
NOTIFY TP CLAIM & NCB RATES.

ORIGINAL TP LOD IN

14/05/19

9600 1ST OFFER TO TP

24/05/19

TP ACCEPTED OFFER.
NO PU REQUIRED.
ALL DONE 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: 24/05/19

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: 100 W

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: 16/01/19

Sent By: b3

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 46

S\$ 1,300.00

(2 days) Reduction:

86

%

Email

Call

FINAL SETTLEMENT

Date/Time: 24/05/19

Confirm with:

100

Email

Call

Final Liability:

%

100

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

28

If NO or B 28, Ass. Lia:

0%

Repair Cost: 61,495

S\$ 1,391.00

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

120.00 (\$ 60 x 2 days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GLA/LTA Search

S\$

2.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

1,513.00

Global Sum S\$:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,513.00

Name 1:

KEVIN SERVICE PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: