

INS. CASE OWNER:

CC 6 / LCR 1900 1563 , Aha39

LKK: IDAC:

Surveyor:

Cwp

DOI:

ASSIGNMENT

21/1/19

Date / Time:

21/1/19

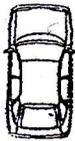
Registered in Merimen:

23/1/19

Pre-assign / CCU / FTE

SLD 3857L

LEPP PLZ



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

18/1/19

Place of Accident :

Is driver the owner? (YES NO)

(YES NO)

Nature of Accident :

If NO, Driver Name / Age :

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

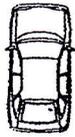
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKH 1446T



INSRS:

WSP:

Tel :

Liability :

RMKS:

Hua Meng.



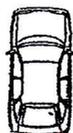
INSRS:

WSP:

Tel :

Liability :

RMKS:



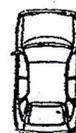
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

STAGE

DATE / PIC

25/1/19
JAY

SKH 1446T }
SLD 3857L }
M/LIP 1900 1563/24 ; DOA: 18/1/19

Non-Reporting ltr (1st):
Non-Reporting ltr (2nd):
Non-Reporting ltr (Final):
Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

6-6-19 JAY

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:

H2R.
MINAREND
TP LOD IN
M6 APPROVED MANDATE
SEND 1ST OFFER TO TP
TP ACCEPTED OFFER.
ALL DOC IN OFFICE
TO CLOSE.

11/07/19

25-6-19

LOD IN - FOR MANDATE

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: S\$ 7,500.00 (7 days) Reduction: 65 %

FINAL SETTLEMENT Date/Time: 11/07/19 Confirm with: SINA Email: Call:

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27 Repair Cost: S\$ 7,500

Loss of Rental (LOR): S\$ 800 (\$ 100 x 8 days) Loss of Use (LOU): S\$ - (\$ x days) Loss of Income (LOI): S\$ - (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one] GIA/LTA Search S\$ 7.45

Medical: S\$ - Disbursement: S\$ - (e.g. Tow/ Independent) 1) Claim status: Normal/Reject/Private Settle

Legal Cost S\$ - 2) Report Format: 3) Survey fee: \$370.00 Total: S\$ 8,307.45 Global Sum S\$: 8,300.00

FINAL PAYMENT Date/Time: Confirm with: Email: Call: Payee 1: S\$ 8,300.00 Name 1: HUA MENG SPRAY PAINTING WORKSHOP

Payee 2: (Strike if N.A.) S\$ - Name 2: Payee 3: (Strike if N.A.) S\$ - Name 3:

COPY SENT 11/7/19