

INS. CASE OWNER:

PRYA

CC 4 / 111 1900

1686

D. Hazy

LKK:

IDAC:

ASSIGNMENT

Surveyor:

BRYAN

DOI:

25/01/19

Date / Time:

26/01/19

Registered in Merimen:

26/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7605 J

Claim No. : MCT19010571

Name of Insured : CPM

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS

D.O.A : 19/01/2019

Place of Accident : RIE

Is driver the owner? (YES / NO)

Nature of Accident :

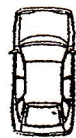
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:

598



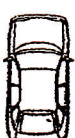
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time		STAGE	DATE / PIC
13/01/19	JRM 376 - X ; SHA 7605 J - CC4/111 60086 x / Hazy ; DOA : 19/01/19	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:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	L6	S\$ 980.00 (2 days) Reduction:	62 %	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time: 03/06/19	Confirm with: LINDA	Email ☒ Call ☐
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Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia :
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Repair Cost:	S\$ 980.00		(50% CHARGED (ANG) 01 VIDEO IN
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Loss of Rental (LOR):	S\$ - (days)		
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Loss of Use (LOU):	S\$ 10.00 (\$ 20 x 2 days)		
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Loss of Income (LOI):	S\$ - (\$ x days)		
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LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
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GIA/LTA Search	S\$ -		
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Medical:	S\$ -		1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format:
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Legal Cost	S\$ -		3) Survey fee: \$350.00
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Total:	S\$ 990.00	Global Sum S\$:	-
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	S\$ 990.00	Name 1:	GG 98 MOTOR PTE LTD
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Payee 2: (Strike if N.A.)	S\$ -	Name 2:	-
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Payee 3: (Strike if N.A.)	S\$ -	Name 3:	-
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