

INS. CASE OWNER: JANICE

CC 4, OBE 1900 1893, A ga 3 y

LKK: IDAC:

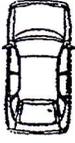
Surveyor: ADRIAN

ASSIGNMENT 28/02/19

Date / Time: 28/01/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.: SFR 1117E
Name of Insured: Tomymhi Electrical Pty Ltd
Insured Tel No.: HP:
Excess Sec II :SS D.O.A: 27/01/19
Is driver the owner? (YES / NO) Nature of Accident:

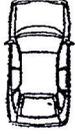
Claim No.: VCO 1227A
Policy No.:
Make / Model :
Place of Accident :

If NO, Driver Name / Age:
Driver Tel No.:

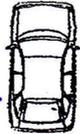
(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability: % Final ? Yes / No

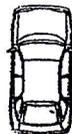
SJT 672R



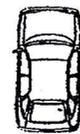
INSRS: WSP: Progressive
Tel: Car Care.
Liability:
RMKS:



INSRS: WSP:
Tel:
Liability:
RMKS:



INSRS: WSP:
Tel:
Liability:
RMKS:



INSRS: WSP:
Tel:
Liability:
RMKS:

Table with columns: Date/Time, Description, STAGE, DATE / PIC. Includes entries for 1/2, 06/08/19, 06/08/19, 22/08/19.

PRELIMINARY ADVICE Date/Time: 06/08/19 Sent By: a3

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LG S\$ 1,700.00 ( 4 days) Reduction: 49 %

FINAL SETTLEMENT Date/Time: 29/08/19 Confirm with: PBT WSN Email: Call:

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: NIL

Repair Cost: (w/acc) S\$ 1,819.00

Loss of Rental (LOR): S\$ - ( days)
Loss of Use (LOU): S\$ 180.00 (\$ 60 x 3 days)
Loss of Income (LOI): S\$ - (\$ x days)

LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] [Tick only one]
GIA/LTA Search S\$ 2.00
Medical: S\$ -
Disbursement: S\$ - (e.g. Tow/ Independent)
Legal Cost S\$ -

Total: S\$ 2,001.00 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\$ 2,001.00 Name 1: PROGRESSIVE CAR CARE PTY LTD
Payee 2: (Strike if N.A.) S\$ - Name 2:
Payee 3: (Strike if N.A.) S\$ - Name 3: