

INS. CASE OWNER:

BORNARD

CC 3, 1/1/1900

2020, Jha3

LKK:

IDAC:

Surveyor:

OHJ

DOI:

ASSIGNMENT

28/1/19

Date / Time:

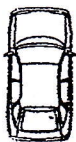
28/1/19

Registered in Merimen:

28/1/19

Pre-assign / CCU / FTE

Sum 5403C



Insured Vehicle No.:

CAN HAN KEE

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

21/1/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

3028532711 9G

Policy No.:

Make / Model:

Place of Accident:

PML AVE 3

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

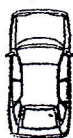
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHF 1226



INSRS:

WSP:

Tel:

Liability:

RMKS:

Sme 7.11



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
12/12	Non-Reporting ltr (1st):	
12/12	Non-Reporting ltr (2nd):	
12/12	Non-Reporting ltr (Final):	
12/12	Notification ltr (if non-pickup):	
12/12	Call OI:	
12/12	After call ltr to OI:	04/09/19-vic
04/4/19	Documentation Check List:	Handler Typist
02/09/19	Notification ltr (if non-pickup)	
04/09/19	After call ltr to OI:	
04/09/19	Authorisation To Act:	
04/09/19	Release Voucher:	
04/09/19	Final Repair Bill:	
04/09/19	Car Rental Invoice:	
04/09/19	Towing Invoice:	
04/09/19	LTA / GIA:	
04/09/19	Medical Bill:	
04/09/19	PIR:	
04/09/19	Mandate/Reject Instruction:	
04/09/19	LOD:	
04/09/19	Payment Breakdown Form:	
04/09/19	Post-Repair Photos:	
04/09/19	Others:	TP WORKERS 90

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$

170.00

(2)

days) Reduction:

87

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

170.00

Loss of Rental (LOR):

S\$

296.93

(2.5)

days)

x 5 118.77

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\$

7.00

Medical:

S\$

-

Disbursement:

S\$

180.00

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

953.93

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

953.93

Name 1:

SURT TAXIS PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00