

INS. CASE OWNER:

cc 3, BQ1, 900 2143, Jha3

LKK:

IDAC:

Surveyor:

0747

DOI:

ASSIGNMENT

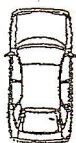
31/1/19

Date / Time:

31/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

G66 3280 C

Name of Insured:

Wah Kon Han Eng

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A:

28/01/19

Is driver the owner?

(YES (NO))

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES NO)

Claim No.:

Policy No.:

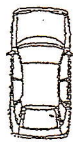
Make / Model:

Place of Accident:

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

Insured Liability: % Final? Yes / No

SAC 4756 R



INSRS:

WSP:

Tel:

Liability:

RMKS:

Emp 7, m



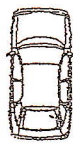
INSRS:

WSP:

Tel:

Liability:

RMKS:



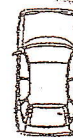
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

1/3

SAC 4756 R - 18/1/19 209 43 / Ng6 : D.O.A: 16/1/19
G66 3280 C. X

- MINUS

- TP LOD IN BY EMAIL

26/02/19

- PUS EQUIPMENT. OLD CHANGED CAR
e SUNDOWN. OLD e WRONG CAR. SEND
LETTER TO OI TO NOTIFY TP CLAIM
in NCB BOOKS.

27/02/19

- SEND 1ST OFFER TO TP.
- TP ACCEPTED OFFER. NO PV.
- ALL DOCS 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: 26/02/19 - OI

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: NO PV

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: 15/02/19

Sent By: CS

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

3,835.24

(5

days)

Reduction: CS %

Email

Call

FINAL SETTLEMENT

Date/Time:

27/02/19

Confirm with

LSS G66

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

3,835.24

Loss of Rental (LOR):

S\$

793.94

(7

days)

X 413.42

Loss of Use (LOU):

S\$

120.00

(\$ 60 x 7

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\$

-

Legal Cost

S\$

-

Total:

S\$

5,056.18

Global Sum S\$:

5,056.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

5,056.00

Name 1:

BURT TAXI 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:

\$400.00