

INS. CASE OWNER:

CC 3, ALG 1900 2641, Jha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

04J

DOI:

21/19

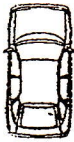
Date / Time:

21/19

Registered in Merimen:

13/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJC 1328 P

Claim No.:

Name of Insured:

Ng/Am May

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

21/19

Place of Accident:

Bangkok Rd

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

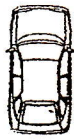
(V/L: YES/NO)

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

Insured Liability: %

Final ? Yes / No

SHB 338 X



INSRS:

WSP:

Tel:

Liability:

RMKS:

SMPT, m



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

18/19
me

SHB338X - CUS/AGG 1 3000 24/1/2019 ; DOA: 27/10/19
 - CUS/AGG 1 6000 24/1/2019 ; DOA: 30/11/2019
 SJC 1328P - X

14/19
18/19

Call OI - Advise of TP claim & NCD affected.
 Send letter to OI - File pass to vic to check.

28/03/19

MINUTED
 TP LOD IN BY EMAIL
 SEND 1ST OFFER TO TP.
 TP ACCEPTED OFFER.
 ALL DOCS IN ORDER.
 TO CLOSURE.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 14/3/19

After call ltr to OI: 18/3/19 JCOU

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: LG

S\$ 850.00 (2 days) Reduction: 84 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 271

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 850.00

COI (KAR-ENDED TP)

Loss of Rental (LOR):

S\$ 651.66 (6 days) X \$108.61 - CNY

Loss of Use (LOU):

S\$ 360.00 (\$60 x 6 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\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

\$320.00

Total:

S\$ 11868.66

Global Sum S\$:

11860.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 11860.00

Name 1:

CURT TAXIS PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-