

15/5/2010

INS. CASE OWNER:

CC 3 / III 1900

LKK:

IDAC:

Surveyor:

Calvin

DOI:

ASSIGNMENT

12/1/19

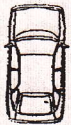
Date / Time:

13/1/19

Registered in Merimen:

14/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 39344

Claim No.:

H0119020339

Name of Insured:

LVL

Policy No.:

monow

Insured Tel No.:

HP:

Make / Model:

Linnon

Excess Sec II : \$\$

D.O.A.:

Place of Accident:

upp 611 Tmp (2)

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Tm 4 km km

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

Driver Tel No.:

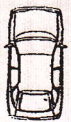
(VL: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHC 6287P



INSRS:

WSP:

Tel:

Liability:

RMKS:

Premier



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 6287P - 14/1/19 (10/1/19) 14/1/19	Non-Reporting ltr (1st):	
	SHC 6287P - 14/1/19	Non-Reporting ltr (2nd):	
	FINANCED	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
02/06/19	FILE TOUWUBO. OIP FILTERED LANE.	After call ltr to OI:	
	BOOK CAPABILITY WARRANT	Documentation Check List: Handler Typist	
	11 APPROVED 60	Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☐
	TP LOD IN BY EMAIL	Authorisation To Act:	☒
	TP VIDEO M. V DRIVE Old SHC 6287P	Release Voucher:	☒
16/05/19	TYPE REPORT FOR WARRANT APPROVAL	Final Repair Bill:	☒
	REPORT DONE	Car Rental Invoice:	☒
		Towing Invoice	☐
22/05/19	BOOK CAPABILITY WARRANT TO M	LTA / GIA :	☐
23/05/19	11 APPROVED WARRANT	Medical Bill:	☐
03/06/19	SEND 1st OFFER TO TP.	PIR:	☐
	TP ACCEPTED OFFER.	Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Post-Repair Photos:	☐
	Send By:	Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L16	\$S 750.00	(3 days) Reduction: 79 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/06/19	Confirm with: SHAFKAWATI	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: (w/600)	\$S 802.80		COLD FILTERING LANE)
Loss of Rental (LOR):	\$S 804.32	(3 days) X \$ 101.44	
Loss of Use (LOU):	\$S -	(\$ x days)	
Loss of Income (LOI):	\$S -	(\$ x days)	
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$S -		
Medical:	\$S -		
Disbursement:	\$S -	(e.g. Tow/ Independent)	
Legal Cost	\$S -		
Total:	\$S 1,106.82	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 1,106.82	Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
Payee 3: (Strike if N.A.)	\$S -	Name 3: -	