

P.S. CASE OWNER:

CC 4/1/2010 1900 29/16 / Apr 3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 9571C

Name of Insured : HEG Environment Pte

Insured Tel No. : HP: 15/1/19

Excess Sec II : SS D.O.A. : 15/1/19

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

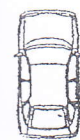
Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No



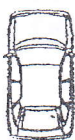
INSRS:

WSP: Progressive

Tel: ubi

Liability:

RMKS:



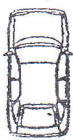
INSRS:

WSP:

Tel:

Liability:

RMKS:



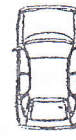
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: (NO NEED)

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: LUP

Repair Cost: 45 S\$ 5,400 (9 days) Reduction: 39 %

Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time: 25.11.19

Confirm with: PEI WEN

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15

Repair Cost: (M1957) S\$ 5778.00

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 880.00 (\$ 80 x 11 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\$ 120.00 (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 6,780.00

Global Sum S\$:

FINAL PAYMENT

Date/Time: 25.11.19

Confirm with: PEI WEN

Email ☒ Call ☐

Payee 1: S\$ 6,780.00

Name 1: PROGRESSIVE CAR CARE PTE LTD

PROGRESSIVE CAR CARE 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: TP

3) Survey fee: +400

COPY SENT 25/11/19

Payee Name wrong