

15/5/2010

INS. CASE OWNER:

CC 4/EQ1900

LKK:

IDAC:

Surveyor:

HWE 315

DOI:

ASSIGNMENT

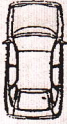
19/04/19

Date / Time :

18/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLH 70397

Name of Insured :

LHEW LHEW LHEW

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

N/A

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Mynon

Tampines Ave 1

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

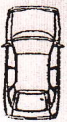
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SKA 7187X



INSRS:

WSP:

Tel :

Liability :

RMKS:

CNA
Auto

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:	04/04/19-JL
		Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher: NO BV	☐
		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: 22/02/19 Sent By: b3

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L19	S\$ 1,350.00	(4 days) Reduction: 71 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	
Repair Cost: (w/650)	S\$ 1,444.50		
Loss of Rental (LOR):	S\$ ()	() days	
Loss of Use (LOU):	S\$ 2400.00	x 4 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\$ 1684.50	Global Sum S\$: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 1684.50	Name 1: CARE AUTO SERVICES 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:

↓ 100.00