

INS. CASE OWNER:

CC 6/021 1900 3082 / kha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KSL

DOI:

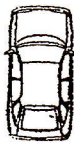
18/1/19

Date / Time:

18/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBH 5471A

Name of Insured:

1 WELLEE P/L

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

11/1/19

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.:

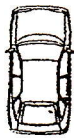
Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

SJP 4066 G



INSRS:

WSP:

Tel:

Liability:

RMKS:

WELLEE



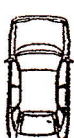
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

1/13
VICSJP 4066 G - CUB (Mkt 20/1/19) / USA 3082: 28/1/19
SUA 3784 Z - X

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:

14/03/19 - VIC

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: NO DV

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

14/03/19

- MUR KOUKWOOD. OLD INVOLVED IN A
3 VEH. C.C.; OLD 2ND CAR. SEND
LETTER TO OI TO NOTIFY TP CLAIM 4
NCD 10000.

10/05/19

- SEND 1st OFFER TO TP.
- TP ACCEPTED OFFER. NO DV.
- ALL DOCS IN ORDER.
- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

19/02/19

Sent By:

CS

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$ 1,200.00

(4 days)

Reduction:

71 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

18

If NO or B 28, Ass. Lia:

07.

Repair Cost: CUB 6000

S\$ 1,284.00

C3 VEH. C.C.; OLD 2ND CAR)

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

240.00

(\$ 60 x 4 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

400.00

Total:

S\$ 1,531.45

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,531.45

Name 1:

WEL LEE MOTOR WORKS

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-