

INS. CASE OWNER:

CC 4 / UPC 1900 3437

LKK:

IDAC:

Surveyor:

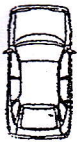
DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

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.:

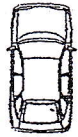
Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

SHE 8202 X



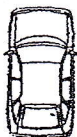
INSRS:

WSP:

Tel:

Liability:

RMKS:



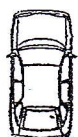
INSRS:

WSP:

Tel:

Liability:

RMKS:



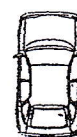
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

2/2
joySHE 8202X - CULMINATED 28/6/2019 : 20/1/16
SHE 4314T - 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:

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:

01/07/19

- STATE MANDATE APPROVAL TO LPC

03/07/19

- LPC APPROVED MANDATE @ LOIR 2.5 DAYS
- SEND 1ST OFFER TO TP.

23/07/19

- RECEIVED ORIG. DV. TP ACCEPTED OFFER.
- ALL TICS IN ORDER.
- TO CLOSE.

3-6-19

LOD IN FOR MANDATE

PRELIMINARY ADVICE Date/Time: 03/07/19

Sent By: 93

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L9

S\$ 2,700.00 (2 days) Reduction: 49 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss)

S\$ 2,889.00

(OIO RATED-ENDED TP)

Loss of Rental (LOR):

S\$

443.08

(25 days) x 4177.13

Loss of Use (LOU):

S\$

-

(\$ x days)

Loss of Income (LOI):

S\$

170.00

(\$50 x 25 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒ [Tick only one]

GIA/LTA Search

S\$

7.49

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$450.00

Total:

S\$

3,460.00

Global Sum S\$:

3,460.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

3,460.00

Name 1:

COMPTON/CLERO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

Payee 3: (Strike if N.A.)

S\$

-

Name 3: