

15/5/2010

INS. CASE OWNER:

CC 3/EQ1900

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

W/2/19

Date / Time :

M/M/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

UP 4429R

Claim No. :

0010000525

Name of Insured :

TOWE ENLY FOOD ENTERPRISE

Policy No. :

0010000525

Insured Tel No. :

HP:

W/2/19

Make / Model :

SUZUKI

Excess Sec II :\$\$

D.O.A :

Place of Accident :

MOLAND RD

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

KALYANDEKUMAR MAMKANNAN

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

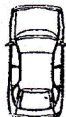
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Final ? Yes / No

UP 4429R

SHB 00736

SW 34774



INSRS:

WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:

TRANS
CUB
TP

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHB 00736 - X

UP 4429R - X

STAGE

DATE / PIC

04/19

SEND LOI VIA EMAIL

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

7/19/19

11/1/19

ORIGINAL TP LOD IN

REQUESTED BY 4 PI BEFORE SHB

MANDATE

TP BY 4 PI IN.

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: SHB

Authorisation To Act:

Release Voucher: NO DV

11/1/19

TP REPORT FOR MANDATE APPROVAL

REPORT DONE

Final Repair Bill:

Car Rental Invoice:

14/01/2020

SHB MANDATE APPROVAL TO BG

23/01/2020

BG APPROVED MANDATE

Towing Invoice

LTA / GIA :

13/02/2020

TP ACCEPTED OFFER. NO DV

Medical Bill:

PIR:

ALL BOCS IN ORDER

TO CLOSE.

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

PRELIMINARY ADVICE

Date/Time: 23/02/19

Sent By: BG

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 43

S\$ 14,600.00

(10 days) Reduction:

71

%

Email

Call

FINAL SETTLEMENT

Date/Time: 18/02/2020

Confirm with:

SHAWING

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

28

If NO or B 28, Ass. Lia :

Repair Cost: (w/600)

S\$ 15,622.00

01 LAST CAR C.C.

Loss of Rental (LOR):

S\$ 1,135.82

(14 days)

X \$ 81.13

(3 VEH. C.C., 015 LAST)

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\$

7.49

Me-lcal:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$400.00

Total:

S\$ 16,765.31

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 16,765.31

Name 1:

TRANS-CUB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-