

INS. CASE OWNER:

NORRATH

CC 6 / MG 1900

3586, Aja3

LKK:

IDAC:

Surveyor:

UMP

DOI:

ASSIGNMENT

21/1/19

Date / Time:

28/1/19

Registered in Merimen:

26/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJR 1798L

Claim No.:

7979408485G

Name of Insured:

Tudy Keng Poh

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

21/2/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

WB 6718 U

SJR 1798L

SKN 902T



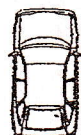
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

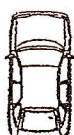
WSP:

Tel:

Liability:

RMKS:

01



INSRS:

WSP: mg solution

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

1/2

507

SKN 902T
SJR 1798L } NALORI 1450336013 : 08/1/19- MINORISED
- TP LOD IN BY EMAIL- THIS RECOVERED. OI INVOLVED IN A 3 VEH.
C.C. & WHO THE 2ND CAR. CAR CAR IS
FOREIGN REGISTERED. SEND LETTER TO OI.12/02/19
15/02/19- SEND 1ST OFFER TO TP.
- TP ACCEPTED OFFER.
- ALL LOSS IN ORDER
- TO CLOSE.

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: 12/02/19 - JLC

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L19

S\$ 5,700.00 (7 days) Reduction: 66 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 15/02/19

Confirm with:

WU WONG

Email ☒ Call ☐

Final Liability:

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

206611

If NO or B 28, Ass. Lia:

0%

Repair Cost: (w/agg)

S\$ 6,099.00

(3 VEH. C.C.)

Loss of Rental (LOR):

S\$ - (days)

TP - 1ST

Loss of Use (LOU):

S\$ 900.00 x 9 days

OI - 2ND

Loss of Income (LOI):

S\$ - (\$ x days)

NALAKKIA - 3RD

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

GIA/LTA Search

S\$ 7.15

Medical:

S\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

4320.00

Total:

S\$ 7,006.15

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 7,006.15

Name 1:

MG SOLUTION PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: