

INS. CASE OWNER:

CC 3 / CTI

1900

3766

/ P1 2032

LKK:

IDAC:

ASSIGNMENT

h

27/1/19

Buyer:

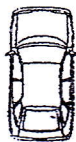
DOI:

27/1/19

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMH 8762R

Claim No.:

SNH 1972010030022(444)

Name of Insured:

LOH SEET WAH, JEREMIAH

Policy No.:

Insured Tel No.:

HP:

27/1/19

Make / Model:

Excess Sec II :SS

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

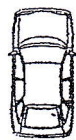
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHD 1262M



INSRS:

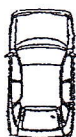
WSP:

Tel:

Liability:

RMKS:

Prmmw



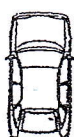
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHD 1262M - 05/11/19 18005302 / 194552 100% 27/1/19

SMH 8762R - X

~~FINISHED~~

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:

25/06/19 - JAWAY

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: 05/03/19

Sent By: QB

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 49

S\$ 3,100.00 (4 days) Reduction: 51 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 21/09/19

Confirm with:

SMTHKUTTI

Email ☒ Call ☐

Final Liability:

100% (Agreed / Assessed) BOLA S/N No. : 1a

If NO or B 28, Ass. Lia:

Repair Cost: (27/09/19)

S\$ 3,377.00

(OI TURNING, TP VIDEO IN)

Loss of Rental (LOR):

S\$ 602.34 (6 days) X \$100.39

Loss of Use (LOU):

S\$ - (\$ x 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\$ -

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\$ 3,926.79

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 3,926.79

Name 1:

PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2 (Strike if N.A.)

S\$ -

Name 2:

Payee 3 (Strike if N.A.)

S\$ -

Name 3: