

INS. CASE OWNER:

CC 6 / 116 1900

5016 / Uja3

LKK:

IDAC:

Surveyor:

Marpus

DOI:

ASSIGNMENT

19/3/19

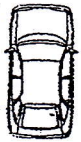
Date / Time:

20/3/19

Registered in Merimen:

20/3/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLQ 7119P

Name of Insured:

PAMLER Fleet Management (S) Pte

Insured Tel No.:

HP:

Claim No.:

Excess Sec II :SS

D.O.A:

9/12/2019

Policy No.:

Make / Model:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

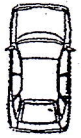
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

688872R



INSRS:

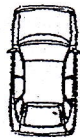
WSP:

Tel:

Liability:

RMKS:

Urbw



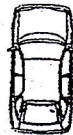
INSRS:

WSP:

Tel:

Liability:

RMKS:



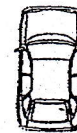
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

20/3

688872R *

Joy

SLQ 7119P - C3 (BOL 170226631) 11/12/19; 18/12/19; 20/1/19

- MINUTED

- ORIGINAL TP LOB IN

04/06/19

- TP RECEIVED. BOTH TURNING.

06/06/19

- TP RECEIVED OFFER.

- ALL DOCS IN ORDER.

- TO CLOSE

DV.

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: 18/06/19 - UIC

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:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: 116

S\$ 1,200.00 (3 days) Reduction: 48 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

21/07/19

Confirm with

SUSAN

Email ☒ Call ☐

Final Liability:

%

50

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

UIC

If NO or B 28, Ass. Lia:

Repair Cost: 1,200.00

S\$ 600.00

BOTH TURNING

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU): 4,100

S\$

100.00 \$ 80 x 5 days

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐ LOU only ☒

S\$

7.45

LOR + LOU ☐ LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

450.00

Total: 4,607.45

S\$ 807.45

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

807.45

Name 1:

Liu's Brother Auto Engineering Workshop

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-