

INS - CASE OWNER:

SAUHA

CC 4/ ALB 1900

5585, K #3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

4/4/19

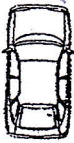
Date / Time:

28/03/2019

Registered in Merimen:

28/3/2019

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLK 4699H

Claim No.:

116909510466

Name of Insured:

Allerwall Leasing & Limousine Pte

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$5

D.O.A.:

21/03/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

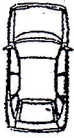
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLJ3542M



INSRS:

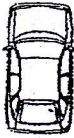
WSP:

Tel:

Liability:

RMKS:

LKB



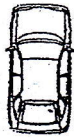
INSRS:

WSP:

Tel:

Liability:

RMKS:



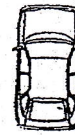
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

2/4/19
CH

SLJ3542M - X;

SLK4699H - 05/1000170141651010607; 005.16/1/17

2/4/19

- pls see mems

OLD ROAD-ENDED TP. LETTER SENT OUT
 MINIALIZED
 TP LOG IN BY EMAIL

22/08/19
22/08/19

SEND 1ST OFFER TO TP
 TP ACCEPTED OFFER.
 All docs 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:

2/4/19

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:

P/P

S\$ 3,251.06 (4 days) Reduction: 42 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

S\$ 3,251.06 (4 days) X 42%

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 3,251.06

OLD ROAD-ENDED TP

Loss of Rental (LOR):

S\$ 720.00 (4 days) X 42%

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:

\$320.00

Total:

S\$ 3,978.51

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 3,978.51

Name 1:

LIM YEW BOO OFFICE PRINT CO.

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: