

INS. CASE OWNER:

RA. CC4, ASM 1900 5842, U pas

LKN:

IDAC:

108 226

Surveyor:

U/L

DOI:

ASSIGNMENT

31419

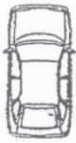
Date / Time:

2/4/19

Pre-assign / CCU / FTE

CC4/ASM19005842/Uba3

Registered in Merimen:



Insured Vehicle No.:

SHC 5194E

Claim No.:

S9m01 JNA

Name of Insured:

TIC 505-PL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

5,000.00

D.O.A.:

24/2/15

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

GBL6004K



INSRS:

WSP:

Tel:

Liability:

RMKS:

Liu's Bm.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

GBL6004K - X;

SHC 5194E - W/L/A 120 2536 / M/K 392 : 100% 9/11/17

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:

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: Paynow form

02/08/2021

SETTLED AND CLOSED

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S

S\$ 1,500.00

(4 days)

Reduction: 36.41 %

Email

Call

FINAL SETTLEMENT

Date/Time:

16/07/2021

Confirm with

SUSAN LOW

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

15

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

1,500.00

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

300.00

(\$ 50 x 6 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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

1,807.45

Global Sum S\$:

1,800.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,800.00

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

\$350.00