

15/5/2010

INS. CASE OWNER:

Chonkrat

CC 3/CTI1900 5886, P2 J63

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

V4/19

Date / Time :

14/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBH 53137

Claim No. :

SHM190202858

Name of Insured :

ALLES INTERIOR P/L

Policy No. :

Insured Tel No. :

HP:

18/1/19

Make / Model :

Excess Sec II :\$

D.O.A :

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

SHD 15197

INSRS:
WSP:
Tel:
Liability:
RMKS:

Premier

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time		STAGE	DATE / PIC
	SHD 15197 - x	Non-Reporting ltr (1st):	
	SHD 15197 - x	Non-Reporting ltr (2nd):	
	SHD 15197 - x	Non-Reporting ltr (Final):	
	SHD 15197 - x	Notification ltr (if non-pickup):	
	SHD 15197 - x	Call OI:	
16/07/19	TP LTR IN BY EMAIL	After call ltr to OI:	28/08/19-VIC
	TP VIDEO FOOTAGE IN. V/VIC/SHD 15197	Documentation Check List: Handler	Typist
	TP VIDEO FOOTAGE IN. V/VIC/SHD 15197	Notification ltr (if non-pickup)	☒
28/08/19	TP CLAIM.	After call ltr to OI:	☒
	TP CLAIM.	Authorisation To Act:	☒
	TP CLAIM.	Release Voucher:	☒
	TP CLAIM.	Final Repair Bill:	☒
	TP CLAIM.	Car Rental Invoice:	☒
	TP CLAIM.	Towing Invoice:	☒
	TP CLAIM.	LTA / GIA:	☒
	TP CLAIM.	Medical Bill:	☒
	TP CLAIM.	PIR:	☒
	TP CLAIM.	Mandate/Reject Instruction:	☒
	TP CLAIM.	LOD	☒
	TP CLAIM.	Payment Breakdown Form:	☒
	TP CLAIM.	Post-Repair Photos:	☒
	TP CLAIM.	Others:	☒

PRELIMINARY ADVICE	Date/Time: 03/04/19	Sent By: b3
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L6	\$S 760.00	(2 days) Reduction: 59 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/09/19	Confirm with: CHAMPARTI	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	NL
Repair Cost: (w/ GST)	\$S 749.00		
Loss of Rental (LOR):	\$S 207.58	(2 days) X \$103.79	
Loss of Use (LOU):	\$S 80.00	(40 x 2 days)	
Loss of Income (LOI):	\$S -	(S x days)	
LOR : only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒		[Tick only one]	
GIA/LTA Search	\$S 2.00		
Medical:	\$S -		
Disbursement:	\$S -	(e.g. Tow/ Independent)	
Legal Cost	\$S -		
Total:	\$S 1,038.58	Global Sum \$S: 1,030.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 1,030.00	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:	-