

15/5/2010

INS. CASE OWNER:

CC 6/EQ11900

5934, 4663

LKK:

IDAC:

Surveyor:

Marus

DOI:

ASSIGNMENT

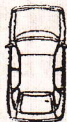
7/4/19

Date / Time :

7/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBH 5118X

Claim No. :

DM19H000938/07

Name of Insured :

WIKO PLV

Policy No. :

DM19H000938-004606

Insured Tel No. :

HP:

7/4/19

Make / Model :

UTROEN

Excess Sec II :\$S

D.O.A :

Place of Accident :

BEFORE WITH ME 1

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

THY CHAN HUE (28/04/1971)

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

Driver Tel No. :

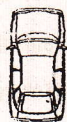
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SGH 1107B

INSRS:
WSP:
Tel :
Liability :
RMKS:JH
AutoINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SGH 1107B-X

GBH 5118X-X

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

45

\$S 5,700.00

(9

days)

Reduction:

34

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Cal

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

WIKO

\$S 5,564.00

COIP KATE-ENBRO TP

Loss of Rental (LOR):

\$S

-

(

days)

Loss of Use (LOU):

\$S

660.00

x

11 days)

Loss of Income (LOI):

\$S

-

(\$

x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$S

-

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

400.00

Total:

\$S

6,224.00

Global Sum \$S:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

\$S

6,224.00

Name 1:

JIN AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-