

INS. CASE OWNER:

Joyce

CC 4, 082 1900

5948, E

LKK:

IDAC:

ASSIGNMENT

Steve

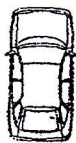
DOI: 4/4/2019

Date/Time

29/03/2019

Registered in the name of:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLK 55SR

Claim No.:

VCO12490

Name of Insured:

Tay Kim Chwee @ PUCAPRO

Policy No.:

Insured Tel No.:

HP:

INTERG BAN SHUN

Make / Model:

Excess Sec II :SS

D.O.A.:

25/3/2019

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

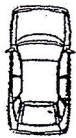
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No



INSRS:

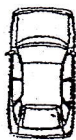
WSP:

Tel:

Liability:

RMKS:

WBM



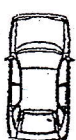
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

4/4

CPC

SLK 100P, X

SLK 55SR - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 4/4/2019

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:

6/4/2019

Sent By:

HMK

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L6

S\$ 10,550.00 (3 days) Reduction: 43 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

25/1/19

Confirm with:

WY

Email ☒ Call ☐

Final Liability:

%

100 (Agreed / Assessed) BOLA S/N No.: H1

If NO or B 28, Ass. Lia:

Repair Cost: (w/gst)

S\$

11,074.50

Collided into parked vehicle

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

750.00 (\$750 x 3 days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

S\$

11,826.50

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

11,826.50

Name 1:

MEM WHEELPOWER PDS LTD

Payee 2 (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3 (Strike if N.A.)

S\$

-

Name 3:

-