

15/5/2010

INS. CASE OWNER:

Stacy

CC AXA1900

5988, R/bb3

LKK:

IDAC:

Surveyor:

RKSUL

DOI:

ASSIGNMENT

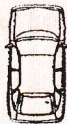
02/04/19

Date / Time:

4/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 521P

Name of Insured:

TERRY - M.B. SERVICES Pte

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A:

14/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Mun Yue Siew

Driver Tel No.:

(VL: YES / NO)

Claim No.:

59m02j01 / W8752

Policy No.:

VPX / 016806 YD

Make / Model:

NEWARK

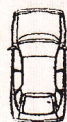
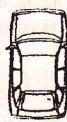
Place of Accident:

T2 TAXI QUELLE

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

Insured Liability: % Final? Yes / No

SHD 2737D

INSRS:
WSP:
Tel:
Liability:
RMKS:Print
intoINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 2737D - x		
	SHC 521P - x		
	FINISHED		
	SHD 2737D		
10/04/19	MUS REVIEWED. OLD RATE - ENDED TP. SEND BULK TO OI TO NOTIFY TP CLAIM & NCD ISSUES. TP LOB IN BY BULK	Notification ltr (if non-pickup)	
		After call ltr to OI:	10/04/19 - vic
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	
		After call ltr to OI:	BULK
		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:	DO FORUM
PRELIMINARY ADVICE	Date/Time: 12/05/19	Sent By: vic	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 116	\$S 1,100.00	(2 days) Reduction: 10 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Confirm by:
Final Liability: 100	\$S 1,177.00	(Agreed / Assessed) BOLA S/N No. : 17	Email ☒ Call ☐
Repair Cost (w/gar): 266.70	\$S 266.70	(3 days) x @ 88.90	If NO or B 28, Ass. Lia : (OLD RATE - ENDED TP)
Loss of Rental (LOR):	\$S -	(S x days)	
Loss of Use (LOU):	\$S -	(S x days)	
Loss of Income (LOI):	\$S -	(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 -		
Total:	\$S 1,443.70	Global Sum \$S:	
FINAL PAYMENT	Date/Time:	Confirm with:	Confirm by:
Payee 1:	\$S 1,443.70	Name 1: PRIME AUTO CLAIMS SERVICE PTE LTD	Email ☐ Call ☐
Payee 2: (Strike if N.A.)	\$S -	Name 2:	
Payee 3: (Strike if N.A.)	\$S -	Name 3:	