

15/5/2010

INS. CASE OWNER:

SUNDAY

CC 6/III1900

2098, AH23 9

LKK:

IDAC:

Surveyor:

Adithan

DOI:

ASSIGNMENT

12/4/19

Date / Time :

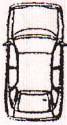
21/4/19

Registered in Merimen:

24/4/19

Pre-assign / CCU / FTE

SHD 40238



Insured Vehicle No. :

CTPL

Name of Insured :

Insured Tel No. :

HP:

20/4/19

Excess Sec II :\$S

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : WAHD BIN SAMI

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

HCT 19040577

Policy No. :

MU 00015

Make / Model :

HYNUNDAI

Place of Accident :

PLT TNGS GE

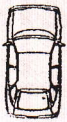
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

GIBB 801X



INSRS:

WSP:

Tel :

Liability :

RMKS:

WHT



INSRS:

WSP:

Tel :

Liability :

RMKS:



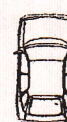
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GIBB 801X - 4

SHD 40238 - 4

HEAD TO REAR

- MANDATE APPROVED
 - TP ACCEPTED OFFER.
 - ALL DOCS IN ORDER
 - TO CLOSE.

27/5/19

LOD IN FOR MANDATE

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

NA

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:

LG

\$S

6,000.00

(7

days) Reduction:

79

%

Email

Call

FINAL SETTLEMENT

Date/Time:

8-7-19

Confirm with

SURYA

Email

Call

Final Liability:

%

100

(A freed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

GST

\$S

6,420

COLD REPAIR - MANDATE TO

Loss of Rental (LOR):

\$S

800

(\$ 100

x

days)

Loss of Use (LOU):

\$S

800

(\$ 100

x

days)

Loss of Income (LOI):

\$S

-

(\$

x

days)

LOR only

☐

LOU only

☒

LOR + LOU

☐

LOR + LO

☐

[Tick only one]

GIA/LTA Search

\$S

7.45

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$600.00

Total:

\$S

7,227.45

Global Sum \$S:

-

FINAL PAYMENT

Date/Time:

8-7-19

Confirm with:

SURYA

Email

Call

Payee 1:

\$S

7,227.45

Name 1:

NEW HOCK RECK MOTOR PTE LTD

Payee 2: (Strike if N.A.)

\$S

X

Name 2:

X

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-