

15/5/2010

INS. CASE OWNER:

CC 3 / EQ1900

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

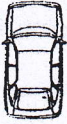
W/4/19

Date / Time:

24/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GY 8152L

Claim No.:

DM11101148V

Name of Insured:

NETWORK CARE 60 HANDLERS PL

Policy No.:

DM11101148 - 000238

Insured Tel No.:

HP:

Make / Model:

MITSUBISHI

Excess Sec II : \$

D.O.A.:

24/4/19

Place of Accident:

BOON TAT ST TURN INTO AMOY ST

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

VILASAMY S/O V KRISHNA

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SH 6703A

INSRS:
WSP:
Tel:
Liability:
RMKS:

W/4/19

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

Date/ Time		STAGE	DATE / PIC
	SH 6703A - X	Non-Reporting ltr (1st):	
	GY 8152L - Y	Non-Reporting ltr (2nd):	
11/6/19	TP VIDEO IN. V/VIDEO BY G200A	Non-Reporting ltr (Final):	
11/6/19	Email workshop to get video.	Notification ltr (if non-pickup):	
	Receive CCTV From TP.	Call OI:	11/6/19
		After call ltr to OI:	W/4/19
		Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher: NO DV	☐
		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: 25/6/19

Sent By: V3

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: PIP	\$S 300.00	(2 days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/11/19	Confirm with: SUM	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	NIL
Repair Cost: (W/4/19)	\$S 321.00		
Loss of Rental (LOR):	\$S 321.00	(2.5 days) X 4/28.40	
Loss of Use (LOU):	\$S -	(\$ x days)	
Loss of Income (LOI):	\$S 125.00	(\$ 60 x 2.5 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒		[Tick only one]	
GIA/LTA Search	\$S 7.49		
Medical:	\$S -		
Disbursement:	\$S -	(e.g. Tow/ Independent)	
Legal Cost	\$S -		
Total:	\$S 774.49	Global Sum \$S: 770.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 770.00	Name 1:	COMFORTABLE ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-