

INS. CASE OWNER:

CC 4, Asm 1900 7357, E8A3

LKK:

IDAC:

112615

Surveyor:

Steve

DOI:

ASSIGNMENT

28/5/19

Date / Time:

28/5/19

Registered in Merimen:

Pre-assign / CCU / FTE

SHC 5139 R

SAM01L95



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$:

5,000.00

D.O.A.:

24/4/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

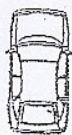
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SLZ 5868B



INSRS:

WSP:

Tel:

Liability:

RMKS:

C+C



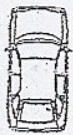
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLZ 5868B, X

SHC 5139R, C+C (AXA 1800 5115 / 5115 3118, DOA 16/3/18)
- CC 4 (AXA 1800 8580 / 8580 3118, DOA 16/3/18)

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:

20/6/2020

called OI, Transco, check with wai
in, OI had paid excess 80%.

@ 3:30pm

called OI, Mr Neo. Confirm accident.
OI said that he sleep in taxi to rest.
He got pull his hand brace, suddenly he
felt an impact & he woke up.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: PIP

\$ 3223.05

(3

days)

Reduction: 36

%

Email

Call

FINAL SETTLEMENT

Date/Time: 8/10/2020

Confirm with

Amanda

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost: w/bst

\$ 3448.66

Loss of Rental (LOR):

\$ 640.00

(4

days)

x \$160.00

Loss of Use (LOU):

\$

(\$

x

days)

Loss of Income (LOI):

\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$

Medical:

\$

Disbursement:

\$

(e.g. Tow/ Independent)

Legal Cost

\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$ 4088.66

Global Sum \$: 4050.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$ 4050.00

Name 1:

Cycle & Lamage Industrial Pte Ltd

Payee 2: (Strike if N.A.)

\$

Name 2:

Payee 3: (Strike if N.A.)

\$

Name 3: