

CASE OWNER:

CC 4, AG 1900 7375, pha3

LKK:

IDAC:

Surveyor:

Kenny

DOI:

ASSIGNMENT

22/4/19

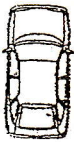
Date / Time:

26/4/19

Registered in Merimen:

26/4/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDE 8832P

Name of Insured:

Dawn Shipping & Transport Com. p/l.

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A: 22/4/19

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

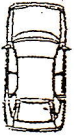
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SGY 8166M



INSRS:

WSP:

Tel:

Liability:

RMKS:

Alan United



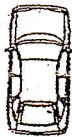
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SGY 8166M - CP (AG 1900 5207) / Kgw : 00A: 21/2/07
SDE 8832P, X

23/5/19

INFORMED OJD ABOUT TP CLAIM AND AWARE HLD ISSUES.

4/6/19

SETTLED WITH TP

- ALL DOCS IN ORDER.
- TO CLOSE.

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:

> 22/5/19 vlook

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:

P/P

S\$ 2,474.16

(3

days)

Reduction:

54

%

Email

Call

FINAL SETTLEMENT

Date/Time: 4/6/19

Confirm with

Kenny

Email

Call

Final Liability:

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost: (w/ Gov)

S\$ 2650.56

COIP RATE-ENDD TP

Loss of Rental (LOR):

S\$ 500.00

(5

days)

x \$100

Loss of Use (LOU):

S\$ -

(\$

x

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\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 3152.56

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 3152.56

Name 1:

Alan's United Auto Pte Ltd

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$320