

INS. CASE OWNER:

CC 4, WPC 1900 7868, Ad ea3

LKK:

IDAC:

Surveyor:

UMP

DOI:

ASSIGNMENT

3/5/19

Date / Time:

2/5/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBA 4837Y

Name of Insured :

Claim No. :

18/19/19/2005/021736

Insured Tel No. :

HP:

Policy No. :

Excess Sec II :SS

D.O.A :

28/4/19

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

SLZ 7308M



INSRS:

WSP:

Tel :

Liability :

RMKS:

Jack Cars



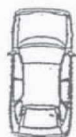
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLZ 7308M - X

GBA 4837Y - X

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:

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$ 2,600.92

(4 days) Reduction: 53

%

Email

Call

FINAL SETTLEMENT

Date/Time: 30/07/2020

Confirm with Thanaletchumi

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 9(b)

If NO or B 28, Ass. Lia :

Repair Cost: (w/GST)

S\$ 2,782.98

Loss of Rental (LOR):

S\$ 749.00

(7 days) X \$100 (w/GST)

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\$ 70.00

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 3,603.98

Global Sum S\$ 3,600.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 3,600.00

Name 1:

Jack Cars Enterprise Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal

2) Report Format: TP

3) Survey fee: \$400 \$450