

15/5/2010

INS. CASE OWNER:

CC 6 / CTI1900

LKK:
IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

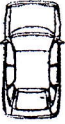
6/5/10

Date / Time:

6/5/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBA 7539m

Claim No.:

SNM19D202000002/thp

Name of Insured:

NET UNE LEASING P/L

Policy No.:

DM CV SN1905461900

Insured Tel No.:

HP:

Make / Model:

TOYOTA

Excess Sec II : \$\$

D.O.A.:

4/5/10

Place of Accident:

PIE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: SM WEE (1600)

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

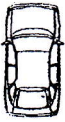
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SYNTHETIC



INSRS:

WSP:

Tel:

Liability:

RMKS:

VISION



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SYNTHETIC - X	Non-Reporting ltr (1st):	
	GBA 7539m - X	Non-Reporting ltr (2nd):	
	FINALISED	Non-Reporting ltr (Final):	
	TP LOD IN BY BULK	Notification ltr (if non-pickup):	
19/09/19	PIE RECOVERED. OLD RATE - ENDED	Call OI:	
	TP. SEND LETTER IN BULK TO OI	After call ltr to OI:	19/09/19 - VIC
	TO NOTIFY TP CLAIM IN NCD ISSUES.	Documentation Check List: Handler	Typist
19/09/19	SEND PA TO OI.	Notification ltr (if non-pickup)	☐
	TYPE REPORT FOR MANDATE APPROVAL	After call ltr to OI:	☒
	REPORT DONE	Authorisation To Act:	☒
29/10/19	SEEK MANDATE APPROVAL TO OI	Release Voucher:	☒
14/11/19	CTI APPROVED MANDATE	Final Repair Bill:	☒
	SEND 1st OFFER TO TP.	Car Rental Invoice:	☒
11/11/19	TP ACCEPTED OFFER.	Towing Invoice:	☐
	ALL DOCS IN ORDER	LTA / GIA:	☒
	TO CLOSE	Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: 19/09/19	Post-Repair Photos:	☐
	Sent By: VIC	Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 49	\$5,900.00	(9 days) Reduction: 62 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/11/19	Confirm with: MICHELLE	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	27
Repair Cost: (w/ GST)	\$6,330.00		(OLD RATE - ENDED TP)
Loss of Rental (LOR):	\$700.00	(7 days) x \$100.00	
Loss of Use (LOU):	\$-	(\$ x days)	
Loss of Income (LOI):	\$-	(\$ x days)	
LOR only ☒ LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]
GIA/LTA Search	\$7.45		
Medical:	\$-		
Disbursement:	\$-	(e.g. Tow/ Independent)	
Legal Cost	\$-		
Total:	\$7,020.45	Global Sum \$:	-
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$7,020.45	Name 1:	VISION AUTOWORK PTE LTD
Payee 2: (Strike if N.A.)	\$-	Name 2:	-
Payee 3: (Strike if N.A.)	\$-	Name 3:	-