

INS. CASE OWNER:

CC 6/LPC 1900 875, Eha39

LKK:

IDAC:

Surveyor:

Steve

DOI:

ASSIGNMENT

9/1/19

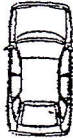
Date / Time

9/1/2019

Registered in Merimen:

Pre-assign / CCU / FTE

6X 675T



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

7/5/19

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

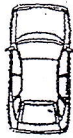
Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SLL 9042P



INSRS:

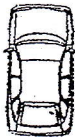
WSP:

Tel :

Liability :

RMKS:

Vermogen



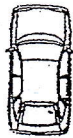
INSRS:

WSP:

Tel :

Liability :

RMKS:



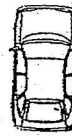
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

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:

13/08/19

Sent By:

93

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L6

S\$ 5,000.00

(7

days) Reduction:

29

%

Email

Call

FINAL SETTLEMENT

Date/Time:

24/09/19

Confirm with

5262

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

21

If NO or B 28, Ass. Lia :

Repair Cost: (w/acc)

S\$

5,350.00

COVID LOST CONTROL

Loss of Rental (LOR):

S\$

—

(

days)

Loss of Use (LOU):

S\$

540.00

(\$60

x 9

days)

Loss of Income (LOI):

S\$

—

(\$

x

days)

LOR only ☐ LOU only ☒

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

GIA/LTA Search

S\$

31.00

Medical:

S\$

—

Disbursement:

S\$

—

(e.g. Tow/ Independent)

Legal Cost

S\$

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

S\$

5,921.00

Global Sum S\$:

—

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

5,921.00

Name 1:

VERMOGEN ACE PTB LTD

Payee 2: (Strike if N.A.)

S\$

—

Name 2:

—

Payee 3: (Strike if N.A.)

S\$

—

Name 3:

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