

INS. CASE OWNER:

Priga

CC 4, III 1900 9720, G 8239

LKK:

IDAC:

Surveyor:

Gao Siang

DOI:

ASSIGNMENT

31/5/2019

Date / Time:

31/5/19

Registered in Merimen:

31/6/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 72452

Claim No.:

Name of Insured:

CPL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

21/5/19

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

TBC 2692A



INSRS:

WSP:

Tel:

Liability:

RMKS:

Sg 98



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

TBC 2692A x : SHD 72452 x

17/6 - seek mandate on liability (approved).

18/6 - pending survey.

19/6 - LOD in. to get surveyor attachment ext list from

20/6 -

3/12 - File pass 27, type report.

6/12 - pending mandate approval ✓

5/2 - offer \$1430 (pending acceptance).

12/2 - settle @ \$1430, file pass Su Li send DV.

2/4 - DV in, file pass MK 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:

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:

46

S\$ 1300.00

(4 days)

Reduction: \$1762.60 % 58

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Rose

Email

Call

Final Liability:

%

100

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

23

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 1300.00

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

80.00

(\$20 x 4 days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

50.00

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

1430.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1430.00

Name 1:

Sg 98 Motor 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:

TP

3) Survey fee:

\$350.00

COPY SENT