

15/5/2010

INS. CASE OWNER:

CC 6/ CT 190 10310, Aka3

LKK:

IDAC:

Surveyor:

UMP

DOI:

ASSIGNMENT

10/6/2019

Date / Time:

10/6/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

VM821 H

Claim No.:

Name of Insured:

ARC URBAN SERVICES PTE LTD

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

29/05/2019

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

CLF 54760



INSRS:

WSP: 1st Autowork

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
	CLF 54760 - X; VM821 H - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
2/7/19 @ 3.10pm	Spoken to OI (Co-op: Mr. MOE). Informed of TP claim, agreed to settle.	Call OI:	2/7/19 Khincha
19/9/19	File pass to type mandate	After call ltr to OI: - e-mail only.	
		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:		Confirm by:	
FINALIZATION		Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	8/8	\$S 3,127.50	(3 days)	Reduction:	72 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with		Email ☐ Call ☐	
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:		22	
Repair Cost:	(w/ GST)	\$S 3,346.43	If NO or B 28, Ass. Lia:			
Loss of Rental (LOR):	\$S	-	(- days)		(DID REVERSE COLLIDE INTO PARKED TP)	
Loss of Use (LOU):	\$S	150	(\$ 50 x 3 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	-	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$S	-			2) Report Format: TP	
Total:	\$S	3,526.43	Global Sum \$S:		3,520.00	
FINAL PAYMENT		Date/Time:	Confirm with:		Email ☐ Call ☐	
Payee 1:	\$S	3,520.00	Name 1:		1st Autoworks Pte Ltd	
Payee 2: (Strike if N.A.)	\$S		Name 2:			
Payee 3: (Strike if N.A.)	\$S		Name 3:			