

01/03/2018

INS CASE OWNER

CC 6, CT1 190 10718, Aka3

LKK:

IDAC:

(5015 → 17/8)

Surveyor:

Lmp

DOI:

ASSIGNMENT

13-6-19

Date / Time:

13-6-19

Registered in Merimen:

Pre-assign / CCU / FTE

GMA 8962E

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Insured Vehicle No.:

Name of Insured:

JL Transport &amp; Renovations

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

11/6/19

Is driver the owner?

(YES / NO)

Nature of Accident:

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

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SMH 1356X



INSRS:

WSP:

Tel:

Liability:

RMKS:

My Solution



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

SMH 1356X-X; GMA 8962E-X

13/8

checked w ock - ock. CT1 sent out final letter. we need to follow up w final AA letter.

25/10/19-

✓ OI GIA Rec'd

Chandra

File pass to

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI: 3/11/2020

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:

45

\$2,500

(3 days)

Reduction:

64 %

Email

Call

FINAL SETTLEMENT

Date/Time:

28/4/2020 Confirm with WONG

Email

Call

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia:

Repair Cost:

CMA (GST)

\$2,675

Loss of Rental (LOR):

\$

( )

days

Loss of Use (LOU):

\$

320

(\$80 x 4 days)

Loss of Income (LOI):

\$

(\$ x )

days

LOR only

LOU only

✓

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$

7.45

Medical:

\$

Disbursement:

\$

(e.g. Tow/Independent)

Legal Cost

\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

\$400

Total:

\$

3,002.45

Global Sum SS:

3,000

4) AA fee:

\$2.57 ✓

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$

3,000

Name 1:

MG SOLUTION PTE LTD

Payee 2 (Strike if N/A):

\$

Name 2:

Payee 3 (Strike if N/A):

\$

Name 3:

# ASSIGNMENT

Date:

ated Cost:

TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMH1356X

Yr Regn:

2009 Jan

Type:

M. Car

/ M. Cycle

/ Bus

/ Van

/ Lorry

/ Taxi

/ Prime Mover

Truck / Trailer or

Make:

Bmw 320i

c.c

1995

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

202224

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBAP656040N122056

Gen. Cond:

Good

/ Fair

/ Poor

/ Burnt

Steering:

In order

/ Jammed

/ Leaked

/ Burnt

or

Brake:

In order

/ Jammed

/ Leaked

/ Burnt

or

Modi:

Nil

/ S/Rim

/ STD A/Rim

or

Tyre Size:

F:

215/55 R17

R:

215/55 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Antares

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

13/06/18

Survey held at

M6 Solicitors

Des. of Damages:

Frt

/ Rear

/ O/S

/ N/S

/ U/C

/ Rooftop

or

Rees n/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TP Chm

COE Expiry: 19/01/29.

CLRS \$2,500 / Red \$4,476.80 (64%)

MV: 581c

PV: 301c

Nett: 281c

3 days + 1 Sunday + 2 PRS = 6 days

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report: