

INS. CASE OWNER:

CC 4, AG 190 11777, K da3

LKK:

IDAC:

Surveyor:

Ksr

DOI:

ASSIGNMENT

31/1/19

Date / Time:

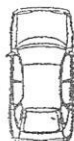
21/1/19

Registered in Merimen:

21/1/19

Pre-assign / CCU / FTE:

SKZ 6464M



Insured Vehicle No.:

Claim No.:

Name of Insured:

Prasanthu Rajendram

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

29/6/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

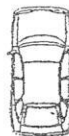
Driver Tel No.:

(V/L YES / NO)

Insured Liability: %

Final ? Yes / No

SLF 2280 X



INSRS:

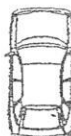
WSP:

Tel:

Liability:

RMKS:

Autowork House



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SLF 2280 X - X ; SKZ 6464M - X

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:

S\$ 4400.00

(5 days)

Reduction:

46 %

Email

Call

FINAL SETTLEMENT

Date/Time: 31/8/2020

Confirm with: Jake Wee

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. 45-

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 4400.00

Loss of Rental (LOR) (w/hrs)

S\$ 588.50

(5 days)

x \$110

Loss of Use (LOU):

S\$ -

(\$ x days)

Loss of Income (LOI):

S\$ -

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320

Total:

S\$ 4990.50

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 4990.50

Name 1:

Autowork House

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: