

INS. CASE OWNER:

RA

CC 4, Asm 190 11342, Aga3

LKK:

IDAC:

124784

Surveyor:

UMP

DOI:

ASSIGNMENT
2/2/19

Date / Time :

2/2/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHE 5881E

Claim No. :

59 MOTSEA

Name of Insured :

TLC SVS P/L

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

5,000.00

D.O.A :

29/6/19

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

CME 8252 G



INSRS:

WSP:

Tel :

Liability :

RMKS:

My Solution



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SME 8252 G - CS / AWA 19001280 / Aq d3n2 ; DOA: 12/11/19
SHE 5881E - WSP / AXA 17006668 / HUB 3q2 ; DOA: 21/11/19

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:

LWP

Repair Cost:

L/S

S\$ 2400.00

(4

days)

Reduction: 5478.64

% 70

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time: 13/04/2020

Confirm with SU

Email ☒Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. 22

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 2568.00

(W/GST)

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

250.00

(\$ 50.00 x 5

days)

Loss of Income (LOI):

S\$

(\$ x

days)

LOR only ☐LOU only ☒LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

(e.g. Tow/ Independent)

2) Report Format:

TP

Legal Cost

S\$

3) Survey fee:

\$350.00

Total:

S\$ 2825.45

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Payee 1:

S\$ 2825.45

Name 1:

MG SOLUTION PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: