

15/5/2010

INS. CASE OWNER:

CC 4/EGI1901 3254, K h b 3.

LKK:

IDAC:

Surveyor:

Kinnach.

DOI:

ASSIGNMENT

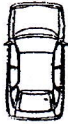
30/7/19.

Date / Time:

30/7/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YP 3556M.

Name of Insured:

SU METAR PIC

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

25/7/19.

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Mazari 31W SUKAT.

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

CPMCE1900539/PX/30

Policy No.:

DMLV185068533.

Make / Model:

18UEN.

Place of Accident:

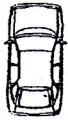
ADMIRALTY LAKE

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

Insured Liability: %

Final ? Yes / No

GBE 7529X



INSRS:

WSP:

Tel:

Liability:

RMKS:

yell  
phto.

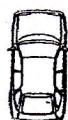
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

16/08/19

29/01/2020

11/02/2020

GBE 7529X -X YP 3556M-X

POSSIBLE 2 TP CLAIM

MIC ENQUIRED. OUI REPORTED THAT ALUMINUM ROD ON VEHICLE, NOT PROPERLY TIED UP AND HIT 2 VEHICLES. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES

TYPE REPORT WHILE PENDING TP LOD

REPORT DONE

ERGO INSTRUCTED TO SUBMIT WP REPORT

SUBMIT WP REPORT

NO SETTLEMENT

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: 16/08/19 - vic

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: 01/08/19

Sent By: bs

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 45

S\$ 3,100.00

( 5 days)

Reduction: 65

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

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

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

-

COI 085808 HIT TP)

Loss of Rental (LOR):

S\$

-

( days)

Loss of Use (LOU):

S\$

-

(\$ x days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$350.00

Total:

S\$

-

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

-

Name 1:

-

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-