

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901 4109 J2 kb3.

LKK:

IDAC:

Surveyor:

Tanfiah.

DOI:

ASSIGNMENT

4/8/19.

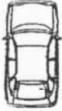
Date / Time :

12/8/19.

Registered in Merimen:

4/8/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : EH 800G.

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S

D.O.A : 6/8/19.

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

SG 1009H

INSRS: Tower
WSP: Transit.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
11/03/2021	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: L/S \$S 8,000.00 (6 days) Reduction: 23.69 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/03/2021 Confirm with LYNN AHMAD

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) \$S 8,560.00

Loss of Rental (LOR): \$S (days)

Loss of Use (LOU): \$S 1,925.00 (\$275 x 7 days)

Loss of Income (LOI): \$S (S x days)

LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]

GIA/LTA Search \$S 2.00

Medical: \$S

Disbursement: \$S (e.g. Tow/ Independent)

Legal Cost \$S

Total: \$S 10,487.00 Global Sum \$S: 10,200.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP \$320.00

3) Survey fee:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: \$S 10,200.00

Name 1: TOWER TRANSIT SINGAPORE PTE LTD

Payee 2: (Strike if N.A.) \$S

Name 2:

Payee 3: (Strike if N.A.) \$S

Name 3: