

CC4/III19014857/Gea3q2

15/5/2010

INS. CASE OWNER:

CC 4/III1901 4857, Gea3q2

LKK:

IDAC:

Surveyor:

XGQ

DOI:

ASSIGNMENT
03/09/2019

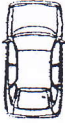
Date / Time :

21/8/19.

Registered in Merimen:

21/8/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHD 3474E

Name of Insured :

CPL

Insured Tel No. :

HP:

Excess Sec II : \$\$

D.O.A :

21/8/19.

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Yap Mandy Tan

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

M. M. M. M. M. M.

Hyundai

Tampines ST 31

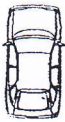
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

PC 63390.



INSRS:

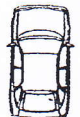
WSP:

Tel :

Liability :

RMKS:

Yang Yun Xin.



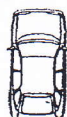
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

PC 63390 - CC4/III19014857/Gea3q2/21/8/19

SHD 3474E - X

21/8/19

Seek liability via Merimen
liability clear via Merimen

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: XGQ

Repair Cost:

L/S

SS 4,500.00

(5 days)

Reduction:

59 %

Email

Call

FINAL SETTLEMENT

Date/Time: 21.07.21

Confirm with: VICTOR

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 37.

If NO or B 28, Ass. Lia :

Repair Cost:

w/GST

SS 4,815.00

Loss of Rental (LOR):

SS

-

(days)

Loss of Use (LOU):

SS

720.00

(\$ 120 x 6 days)

Loss of Income (LOI):

SS

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

7.45

Medical:

SS

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

SS

-

(e.g. Tow/ Independent)

2) Report Format:

TP

Legal Cost

SS

-

3) Survey fee:

\$500

Total:

SS

5,542.45

Global Sum \$:

FINAL PAYMENT

Date/Time: 21.07.21

Confirm with: VICTOR

Email

Call

Payee 1:

SS

5,542.45

Name 1:

YANG YUN XIN BUS SERVICE

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3: