

INS. CASE OWNER:

CC6/CTI19015394/ T ha3 9

LKK:

IDAC:

Surveyor:

TAUFIKH

DOI:

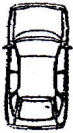
ASSIGNMENT

30/08/19

Date / Time : 30/08/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SDN 8203H

Claim No. : SNM19D204066

Name of Insured : THASNEEM PARVEEN S/O SIRAZUDEEN

Policy No. : DMPCSN3002181900

Insured Tel No. : HP: 8139 8465

Make / Model :

Excess Sec II : S\$ D.O.A : 29/08/2019

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

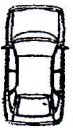
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHD 2252K

INSRS:
WSP: PRIME AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHD 2252K - CS/INC10011107/Kfg1;DOA:4/4/10	
	SDN 8203H - X	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
03/09/19	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI: 03/09/19 - 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: 10/09/19 Sent By: 93		
FINALIZATION Date/Time: Confirm with:	Confirm by:	
Repair Cost: L19 S\$ 6,100.00 (6 days) Reduction: 36 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 09/10/19 Confirm with: AUCE	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GRD) S\$ 6,527.00	(OIB HT 3 VEHICLES)	
Loss of Rental (LOR): S\$ 657.30 (7 days) x \$ 93.90		
Loss of Use (LOU): S\$ — (\$ x days)		
Loss of Income (LOI): S\$ 350.00 (\$ 50 x 7 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$ —	1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ — (e.g. Tow/Independent)	2) Report Format:	
Legal Cost S\$ —	3) Survey fee: \$ 100.00	
Total: S\$ 7,536.30 Global Sum S\$: —		
FINAL PAYMENT Date/Time: Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 7,536.30 Name 1: PRIME AUTO CLAIMS SERVICE PTB LTD		
Payee 2: (Strike if N.A.) S\$ — Name 2: —		
Payee 3: (Strike if N.A.) S\$ — Name 3: —		