

15/5/2010

INS. CASE OWNER:

BERNARD

CC 4/AIG1901 9877, UH63

LKK:

IDAC:

Surveyor:

MURKUS

DOI:

ASSIGNMENT

9/10/19

Date / Time:

9/10/19

Registered in Merimen:

A10/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMP 4602Z

Name of Insured:

SONG THOMPSON

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

9/10/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

98444576756

Policy No.:

19016376

Make / Model:

MINI

Place of Accident:

LARNALL LANE

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

SMA 671G



INSRS:

WSP:

Tel:

Liability:

RMKS:

Exclusive Enterprise



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
	SMA 671G - X	Non-Reporting ltr (1st):	
	SMP 4602Z - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
14/10/19	- FILE PROVIDED. OI REAR-ENDED TP. SEND LETTER 4 BULK TO OI TO NOTIFY TP CLAIM IN NCD ISSUES.	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	14/10/19 - JLC
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
21/10/19	- MINA RECD	After call ltr to OI:	☒
	- TP LOG IN BY BULK	Authorisation To Act:	☒
27/10/19	- UPLOAD IA IN MERIMEN	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:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Repair Cost: L16	S\$ 3,850.00 (4 days) Reduction: 46 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/10/19	Confirm with: ICE	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.:	27	If NO or B 28, Ass. Lia:	
Repair Cost:	S\$ 3,850.00		(OI REAR-ENDED TP)	
Loss of Rental (LOR):	S\$ 400.00 (4 days) X \$100.00			
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\$ 7.45			
Medical:	S\$ -			
Disbursement:	S\$ - (e.g. Tow/ Independent)			
Legal Cost	S\$ -			
Total:	S\$ 4,257.45	Global Sum S\$:	4,250.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 4,250.00	Name 1:	EXCLUSIVE ENTERPRISE PTE LTD	
Payee 2: (Strike if N.A.)	S\$ -	Name 2:	=	
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	=	