

15/5/2010

INS. CASE OWNER:

Daniel

CC 4 / III 1901

8248 / H 963

LKK:

IDAC:

Surveyor:

Hock Ann

DOI:

ASSIGNMENT

15/10/19

Date / Time:

14/10/19

Registered in Merimen:

15/10/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 6774K

Name of Insured:

CPL

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A:

7/10/19

Claim No.:

Policy No.:

MCOM0015

Make / Model:

LUXURIA

Place of Accident:

GUM MARRS RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: WY FET 1804

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

YP 34690



INSRS:

WSP:

Tel:

Liability:

RMKS:

Focus



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

YP 34690 - X SHA 6774K - X

20/11 - Pending liability approval. (approved)

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:

Repair Cost:

HS

S\$ 1800.00

(3)

days) Reduction:

\$8970.00

%

83.

Email

Call

FINAL SETTLEMENT

Date/Time: 11/06/2021

Confirm with:

Jenny

Email

Call

Final Liability:

%

100

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

15

Repair Cost:

S\$

1926.00

(MORT)

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

400.00

(\$

100

x

4

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

29.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

TP \$500/-

Total:

S\$ 2,355.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 2,355.00

Name 1:

Focus Auto Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: