

INS. CASE OWNER:

CC 6 / CTI1902 0395 / T11603 22

LKK:
IDAC:

Surveyor:

TAMMICH

DOI:

ASSIGNMENT

18/11/19

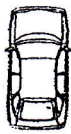
Date / Time :

18/11/19

Registered in Merimen:

18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMP 93742

Name of Insured :

AULIANE LANSING P/L

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

15/11/19

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

ROBERTAN BIN RUSU

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

SNM190705453

Policy No. :

DMLCS NIA 209 62900

Make / Model :

MPT16085

Place of Accident :

MARINA BAY SAND

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

Insured Liability :

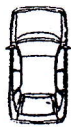
%

Final ? Yes / No

SMP 93742

STEP 23211

SMN 39362



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



INSRS:

WSP:

Tel:

Liability:

RMKS:

prime

auto

Liability:

RMKS:

TP



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SMP 93742 - x

SMP 93742 - x

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: 20/11/19 - 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:

20/11/19

FILE REVIEWED. OIB INVOLVED IN A 3 VEH. C.C.; OIB LAST DATE. SEND LETTER TO OI COMPANY.

- FINISHED

- ORIGINAL TP LOD IN

09/12/19

- TYPE REPORT FOR MANDATE APPROVAL
- REPORT DONE

14/01/2020

- SEND MANDATE TO CTI BY EMAIL
- ON APPROVED MANDATE
- SEND ACCEPTANCE EMAIL TO TP.
- ALL DONE IN ORDER
- TO CLOSE.

PRELIMINARY ADVICE Date/Time: 19/11/19

Sent By: b3

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 40

S\$ 6,900.00 (8 days) Reduction: 40 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 100%

Repair Cost (w/acc)

S\$ 7,303.00

C3 VEH. C.C. OIB LAST

Loss of Rental (LOR):

S\$ 800.10 (9 days) X 400.90

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\$ 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:

400.00

Total:

S\$ 8,185.10

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 8,185.10

Name 1:

PRIME AUTO CLAIMS SERVICE PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-