

INS. CASE OWNER:

CC 6, WPC 190 20862, A 43

LKK:

IDAC:

Surveyor:

Xue / WPC

DOI:

ASSIGNMENT

27/11/2019

Date / Time:

27/11/19

Registered in Merimen:

Pre-assign / CCU / FTE

Public Liability



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A: 15/11/19

Place of Accident:

Is driver the owner? ( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

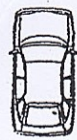
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SLK 750T



INSRS:

WSP: Hua Meng

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLK 750T - X

27/11/19

Pls refer to VLEWS.

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: Lsum S\$ 4200.00 ( 4 days) Reduction: 39 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 20/7/21 Confirm with: Jing Lee

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: NIL

If NO or B 28, Ass. Lia:

Repair Cost: S\$ 4200.00

(OI reverse hit TP)

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 + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 7.45

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 4607.45 Global Sum S\$: 4600.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format: Self

3) Survey fee: #4000

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 4600.00

Name 1: Hua Meng Spray Painting Workshop

Payee 2: (Strike if N.A.) S\$ -

Name 2:

Payee 3: (Strike if N.A.) S\$ -

Name 3: