

15/5/2010

INS. CASE OWNER:

CC 4/1111902 1218, KpV

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

7/11/19

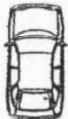
Date / Time :

31/11/19

Registered in Merimen:

7/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

PC 80037

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

21/11/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

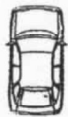
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLB 7A7A

INSRS:
WSP:
Tel :
Liability :
RMKS:

Autoworx

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

09/11/2020

Pls refer to Views for details.

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: L/sum

S\$ 5,000.00

(6

days) Reduction: 64

%

Email

Call

FINAL SETTLEMENT

Date/Time: 09/11/2020

Confirm with: Jake

Email

Call

Final Liability:

%

100

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

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 5,000.00

Loss of Rental (LOR):

S\$ 650.00

(5

days) x\$130.00

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\$ 2.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject Private Settlement

2) Report Format: TP

3) Survey fee: \$500.00

Total:

S\$ 5,652.00

Global Sum S\$: 5,600.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 5,600.00

Name 1:

Autoworx House

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: