

15/5/2010

INS. CASE OWNER:

CC 4 / III 190 21362 / K pa3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

4/12/19

Date / Time:

3/12/19

Registered in Merimen:

3/12/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3694C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : 1/12/19

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

SKX 7894A

INSRS:
WSP: CP Motor
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SKX 7894A - X
SHA 3694C - CC4/III/6009418/K25392; D.O.A: 15/02/16

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:

29/07/2020

Pls refer to VIEWS for details.

PRELIMINARY ADVICE Date/Time:

Sent By:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sum \$ \$ 2,200.00 (4 days) Reduction: 40 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/07/2020 Confirm with Thomas

Email ☒ Call ☐

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

If NO or B 28, Ass. Lia :

Repair Cost: w/GST \$ \$ 2,354.00

Loss of Rental (LOR)w/GST \$ \$ 428.00 (4 days) x \$100.00

Loss of Use (LOU): \$ \$ (\$ x days)

Loss of Income (LOI): \$ \$ (\$ x days)

LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search \$ \$ 7.45

Medical: \$ \$

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

Legal Cost \$ \$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00

Total: \$ \$ 2,789.45 Global Sum \$ \$ 2,700.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: \$ \$ 2,700.00 Name 1: CP MOTORS PTE LTD

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

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