

15/5/2010

INS. CASE OWNER:

KARON

CC 4/FCL 190 2194, Phb39

LKK:

IDAC:

Surveyor:

PHM

DOI:

ASSIGNMENT

11/11/19

Date / Time:

11/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 3706D

Name of Insured:

C70L

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

10/11/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

THEW KIM SEMI

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

D19007839MESH/1

Policy No.:

D18188776 MESH

Make / Model:

TOYOTA

Place of Accident:

MARINA ONE TOWER

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

Insured Liability:

%

Final ? Yes / No

SHD 1291D



INSRS:

WSP:

Tel:

Liability:

RMKS:

premier



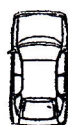
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 1291D - x		
	SHA 3706D - x		
11/10/20	- PLUS REPAIRS. OLD FAX OPEN DOOR, HIT TP.	Non-Reporting ltr (1st):	
	- SEEK LIABILITY MANDATE	Non-Reporting ltr (2nd):	
	- MINIMISED	Non-Reporting ltr (Final):	
	- TP LOD IN BY CUG	Notification ltr (if non-pickup):	
09/03/2020	- TIME REPORT FOR MANDATE APPROVAL	Call OI:	
	- REPORT DONE	After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
30/03/2020	- SEEK MANDATE APPROVAL TO FCI	Release Voucher:	
	- FCI INSTRUCTED NO DO.	Final Repair Bill:	
	- SUBMIT WP REPORT	Car Rental Invoice:	
	- TO CLOSE	Towing Invoice:	
		LTA / GIA:	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others: TP C40L	

PRELIMINARY ADVICE Date/Time:

16/12/19

Sent By:

L3

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L3

S\$

950.00

(3 days)

Reduction:

37

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

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

26

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

-

(OLD FAX OPEN DOOR)

Loss of Rental (LOR):

S\$

-

(days)

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\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

4233.00

Total:

S\$

-

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

-

Name 1:

PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

Payee 3: (Strike if N.A.)

S\$

-

Name 3: