

1/9/2019

Ruth

CC 4/AXA1602 1914 150330

LKK:
IDAC:

INS. CASE OWNER:

Re-opened Case

ASSIGNMENT

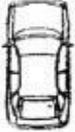
Surveyor: Tanjil

DOI: 8/10/2016

Date / Time: 16/11/16

Registered in Merimen: 16/11/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBC 5496E

Claim No.:

CO398292

Name of Insured:

HALMON (S) P/L

Policy No.:

PB94478

Insured Tel No.:

HP:

30/8/16

Make / Model:

ISUZU

Excess Sec II :\$

D.O.A.:

Place of Accident:

AYE

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MANIMARAN AL MUKHUSHMY

OI GIA REPORT (YES / NO) ; TP GIA REPORT (YES / NO)

Driver Tel No.:

90835702

(V/L YES / NO)

Insured Liability: %

Final ? Yes / No

XB 9737D



INSRS:
WSP:
Tel:
Liability:
RMKS:

Goldbell



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time		STAGE	DATE / PIC
<u>18/11/16</u>	<u>XB9737D - X</u>	Non-Reporting ltr (1st):	
	<u>GBC 5496E - X</u>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>18/11/16 @ 12:pm</u>	<u>Called DID NO RESPONSE</u>	Call OI:	<u>ASAP 25/11</u>
		After call ltr to OI:	<u>Yeh</u>
<u>22/11/16 @ 10:30</u>	<u>Called DID (COMPANIES) ACCIDENT. DID INVOLVED IN 3 VEH CC</u>	Documentation Check List: Handler Typist	
	<u>DID WAS THE LAST VEH. INFORM TP CLAIM REFERRED TO SERVE</u>	Notification ltr (if non-pickup)	<input type="checkbox"/>
	<u>AND AMMR ABOUT NED ISSUE</u>	After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
<u>22/11/16</u>	<u>Ammr used LIABILITY CLAUSE</u>	Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
<u>21-09-17</u>	<u>CHAIN COLLISION, BOLA IS APPLICABLE.</u>	Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA:	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD:	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

29/01/2021

Pls refer to VIEWS for details.

RECEIVED 31 OCT 2017

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: L/sum \$S 4,600.00 (6 days) Reduction: 65 % Email Call

FINAL SETTLEMENT Date/Time: 29/01/2021 Confirm with: Ramesh Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 28 If NO or B 28, Ass. Lia: 100

Repair Cost: w/GST \$S 4,922.00 3 VEH CC DID LAST.

Loss of Rental (LOR): \$S _____ (_____ days)

Loss of Use (LOU): \$S 600.00 (\$100 x 6 days)

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

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

GIA/LTA Search \$S 2.00

Medical: \$S _____

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

Legal Cost \$S _____

Total: \$S 5,524.00 **Global Sum \$S:** 5,500.00 \$350.00-\$250.00=\$100.00 Email Call

FINAL PAYMENT Date/Time: _____ Confirm with: _____

Payee 1: \$S 5,500.00 Name 1: Goldbell Engineering Pte Ltd

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

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