

15/5/2010

INS. CASE OWNER:

JANET

CC 4 / EQ11600 5836, Tihg3.

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Tanjek

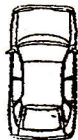
DOI:

31/3/16

Date / Time:

31/3/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

XD84197.

Claim No.:

DM16/667-EE.

Name of Insured:

KL Logistics Pte Ltd.

Policy No.:

DMCFH015-000053.

Insured Tel No.:

64510228

HP:

Make / Model:

Scania P360 LAH X2MS2

Excess Sec II :SS

D.O.A.:

29/3/16.

Place of Accident:

Julan Bahar.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Subramaniam Jayakumar

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Driver Tel No.:

8185 3285

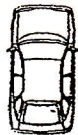
(V/L: YES / NO)

Insured Liability:

%

Final? Yes / No

XB8915M



INSRS:

WSP:

Tel:

Liability:

RMKS:

Hock Sin motor.



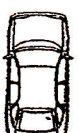
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

DATE / PIC

STAGE

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:

46

S\$ 7,100.00

(8)

days)

Reduction:

44

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

50

(Agreed / Assessed)

BOLA S/N No. : NIL.

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

—

(BOTH TURNING SAME DIRECTION)

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 + LOI

[Tick only one]

GIA/LTA Search

S\$

—

Medical:

S\$

—

Disbursement:

S\$

—

(e.g. Tow/ Independent)

Legal Cost

S\$

—

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

—

Name 1:

—

Payee 2: (Strike if N.A.)

S\$

—

Name 2:

—

Payee 3: (Strike if N.A.)

S\$

—

Name 3:

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$ 230.00

"NO SETTLEMENT"

EQ settled w/ TP by lawyer

SUBMIT WP REPORT.