

15/5/2010

INS CASE OWNER:

JANET

CC 4. /EQ1600

5836, Tihg35r

LKK:

IDAC:

Surveyor:

Tandikh

DOI:

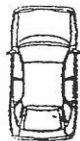
ASSIGNMENT

31/3/16

Date / Time:

31/3/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

XD84197.

Name of Insured:

KL Logistics Pte Ltd.

Insured Tel No.:

64510228 HP:

Excess Sec II :SS

D.O.A.:

29/3/16.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Subramaniam Jayakumar

Driver Tel No.:

8185 2285

(V/L: YES / NO)

Claim No.:

DM16/667-EE.

Policy No.:

DMCFH015-000053.

Make / Model:

Scania P360 LAHX2MS2

Place of Accident:

Jalan Bahar.

OI GIA REPORT:

YES / NO

;

TP GIA REPORT:

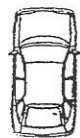
YES / NO

Insured Liability:

%

Final ? Yes / No

XB8915M



INSRS:

WSP:

Tel:

Liability:

RMKS:

Hock San motor



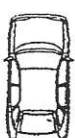
INSRS:

WSP:

Tel:

Liability:

RMKS:



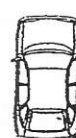
INSRS:

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: LK

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

COPY SENT

"NO SETTLEMENT"
EQ settled w/ TP by lawyer
submit WP report.