

15/5/2010

INS. CASE OWNER:

NATURAL

CC 4/III1702

2282, TLH66

LKK:

IDAC:

Surveyor:

Tahfikh

DOI:

ASSIGNMENT

23/11/17

Date / Time:

22/11/17

Registered in Merimen:

22/11/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 1504X

Name of Insured:

CTPL

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

22/11/17

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SYED MUHAMMAD TAHIR BIN SYED

Driver Tel No.:

(V/L: YES / NO)

NA

Claim No.:

MCTTH10759

Policy No.:

MEMOR16

Make / Model:

Hyundai

Place of Accident:

UPP KUNYI RD EAST BK

JUNE

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

Insured Liability:

%

Final ? Yes / No

SHC 1504X

SR 7418X

SFE 9462X

SFC 7860B



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



INSRS:

WSP:

Tel:

Liability:

RMKS:

Prime Anto

TP



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
22/11/17	SR 7418X - X	Non-Reporting ltr (1st):	
17/12/17	SHC 1504X - call 1600 12 96 / 12/17/17	Non-Reporting ltr (2nd):	
	TOTAL LOSS	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
07/12/17	MUR REQUESTED. OLD INVOLVED IN A 4 VEH. C.C. IN THIS CASE CAN BE REPAIR-ONLY TP. GIVE LIABILITY WARRANTS VIA WORKMAN.	Documentation Check List: Handler	Typist
	IN KEDAH D/O	Notification ltr (if non-pickup)	
	TP LOD IN BY EMAIL	After call ltr to OI:	
19/12/17	TYPE REPORT FOR WARRANTS	Authorisation To Act:	
		Release Voucher:	
08/01/18	REPORT DONE. GIVE WARRANTS TO M.	Final Repair Bill: (NO INVOICE)	
15/01/18	IN APPROVED WARRANTS.	Car Rental Invoice:	
18/01/18	GIVE ACCEPTANCE TO TP.	Towing Invoice	
	TP REQUESTED PAYABLE TO TP OWNER.	LTA / GIA:	
	RECEIVED ORIG. DOCS. ALL IN ORDER.	Medical Bill:	
	TO CLOSE.	PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others: DE-REG LETTER	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:		Confirm with:	Confirm by:
Repair Cost: TOTAL LOSS	\$S 40,000.00		days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/01/18		Confirm with: AUCB	Email ☐ Call ☐
Final Liability:	% 100		(Agreed / Assessed) BOLA S/N No.:	
Repair Cost: TOTAL LOSS	\$S 40,000.00			
Loss of Rental (LOR):	\$S 1,178.00		14 days) X \$82.00	
Loss of Use (LOU):	\$S 560.00		40 x 14 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 41,708.00		Global Sum \$S: -	
FINAL PAYMENT	Date/Time:		Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 41,708.00		Name 1:	PRIME AUTO CLAIMS SERVICE PTE LTD
Payee 2: (Strike if N.A.)	\$S -		Name 2:	300000 CREDIT IN MOTOR CLAIMING PTE LTD
Payee 3: (Strike if N.A.)	\$S -		Name 3:	-