

INS. CASE OWNER:

Shawn

CC 61AIG170 232871 Ahaz

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

07/12/17

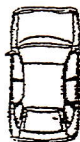
Date / Time:

07/12/17

Registered in Merimen:

07/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJF 10852

Name of Insured:

ZAKARIAH ABDUL AZIZ

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

30/11/17

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

7221514191SG

Policy No.:

2100257887

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

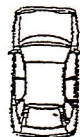
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SKL 6310Y



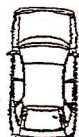
INSRS:

WSP: MG Solution

Tel:

Liability:

RMKS:



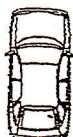
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKL 6310Y - NSLINC16015300/H1H3n2 DOA: 15/08/16
 SJF 108527 - CC3AIG14022541/H1H3n2 DOA: 07/12/14
 - CC6AIG15018248/H1H3n2 DOA: 26/10/15
 - NA/ATG15018102/H1H3n2 DOA: 26/10/15
 - NA/INC15018123/H1H3n2 DOA: 26/10/15

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 4/11/18 x Sh Hgwa

After call ltr to OI: 12/10/18 - VIC

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:

12/12/17 (C/C)

* KLO ESTIMATE

* OI NR - SEND FIRST LETTER TO OI.

- PINKUDED.

- TP VIDEO IN. V DRIVE / VICT SKL 6310Y.

- OI ROWED BACK / PINKUDED.

4/1/18 @ 12-02pm - Spoke to Mr Zakariah, 90069600 aware of the accident and have already report it at the reporting centre and police station.

29/1/18 @ 1427: still no gm report in yet.

- TP LOW IN BY EMAIL

12-11-18 Beware of this OI WITH POSSIBLE MORAL HAZARD, I SUSPECT BOTH ARE RELATED. DAMAGE TO TP IS MORE THAN WHAT WE EXPECTED.

- SEND LETTER TO OI.

- NO PINKUDED FROM OI TIL DATE. SEND

PRELIMINARY ADVICE

Date/Time: 1st OFFER TO TP BY:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L16 SS 3,800.00

(3)

days Reduction:

51

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

SHAWON

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

(2/600)

SS 3,745.00

OI ROWED BACK

TP VIDEO IN

Loss of Rental (LOR):

SS

()

days

Loss of Use (LOU):

SS

300.00

x 5

days

Loss of Income (LOI):

SS

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

5.35

Medical:

SS

-

Disbursement:

SS

-

Legal Cost

SS

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4325.00

Total:

SS

4,060.35

Global Sum SS:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

4,060.35

Name 1:

MG SOLUTION PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-