

15/5/2010

INS. CASE OWNER:

CC 3/CTI1702 3654, K1hb3

LKK:
IDAC:

(V.C)

Surveyor:

Kdwin

DOI:

ASSIGNMENT

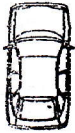
17/17/18

Date / Time :

18/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YL 2215A
 Name of Insured : TOM KIM BOK C-E CONTRACTOR P/L
 Insured Tel No. : HP: 11/17/18
 Excess Sec II : \$\$ D.O.A : 11/17/18
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : SWM70070920015
 Policy No. :
 Make / Model :
 Place of Accident :

If NO, Driver Name / Age :

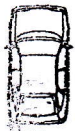
Driver Tel No. :

(V/L: YES / NO)

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

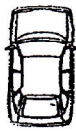
Insured Liability : % Final ? Yes / No

SHC 6089u

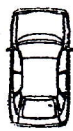


INSRS:
WSP:
Tel:
Liability:
RMKS:

Premier



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time		STAGE	DATE / PIC
17/1/18	SHC 6089u - X	Non-Reporting ltr (1st):	18/1/18 - CTI
VLC	no OI GIA, sent out letter.	Non-Reporting ltr (2nd):	21/1/18 - UCK
	MINUSSED. TP LOD IN BY EMAIL.	Non-Reporting ltr (Final):	19/1/18 - UCK
		Notification ltr (if non-pickup):	
18/1/18	NO OI GIA REPORT IN. SEND EMAIL TO CTI.	Call OI:	9/1/18
	SEND 1st AIR LETTER TO CTI.	After call ltr to OI:	19/1/18 - UCK ON
	PAX TO TRAFFIC POLICE.	Documentation Check List:	Handler Typist
17/1/18	1st AR - \$2.54	Notification ltr (if non-pickup)	☐
18/1/18	OI GIA REPORT IN.	After call ltr to OI:	☒
	FILE PROVIDED. OI REPORTED HE WOULD	Authorisation To Act:	☒
	BACK IN HIS TP.	Release Voucher:	☒
	and OI	Final Repair Bill:	☒
19/1/18	Spoke to OI Tom Kim Bok - E contractor	Car Rental Invoice:	☒
	agreed to settled on TP claims - Aware of NID issue	Towing Invoice	☐
	below rate UNQUOTE	LTA / GIA:	☒
19/1/18	SEND LETTER TO OI.	Medical Bill:	☐
22/1/18	SEND 1st OFFER TO TP. TP ACCEPTED OFFER.	PIR:	☐
	RECEIVED ORIG. DOCS. ALL IN ORDER.	Mandate/Reject Instruction:	☐
	TO CLOSE.	LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: 11/17/18	Post-Repair Photos:	☐
	Sent By: HCL	Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 49	SS 2,250.00	(2 days) Reduction: 18 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	NIL	
Repair Cost: (w/loss)	SS 2,407.50		COB PAID BACK
Loss of Rental (LOR):	SS 181.52 (2 days) x \$90.76		
Loss of Use (LOU):	SS 80.05 (\$ 10 x 2 days)		
Loss of Income (LOI):	SS - (\$ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒	[Tick only one]	
GIA/LTA Search	SS 2.00		
Medical:	SS -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS - (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	SS -		3) Survey fee: \$400.00
Total:	SS 2,671.02	Global Sum SS: 2,670.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS 2,670.00	Name 1: PREMIER AUTOMOTIVE SERVICES PTB LTD	
Payee 2: (Strike if N.A.)	SS -	Name 2: -	
Payee 3: (Strike if N.A.)	SS -	Name 3: -	