

15/5/2010

INS. CASE OWNER:

CC 4 / LPC170 23667, M/Ka39

LKK:

IDAC:

Surveyor:

MA CF

DOI:

## ASSIGNMENT

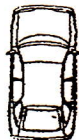
13-12-17

Date / Time:

12-12-17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJT 7667 G

Name of Insured:

Md. Faizal Bin Muhammad

Insured Tel No.:

HP:

81834905

Excess Sec II :SS

D.O.A.:

5/12/2017

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

17/1717/VPOS/020255

Policy No.:

Z17VP050137-19

Make / Model:

Mazda Lancer - 1.5 (A)

Place of Accident:

Stevens Rd before Robm Close  
→ Scotts Rd

If NO, Driver Name / Age:

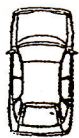
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final? Yes / No

Skm 7672R



INSRS:

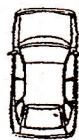
WSP:

Tel:

Liability:

RMKS:

Kam Chew



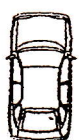
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

14/12

mini

Skm 7672R - X; SJT 7667 G - X

OI is making claim against TP. / Revert to

Lane 1 - straight lane / Lane 2-3 - merging lane.

02012018:

FILES REVIEWED. CIRC OF accident on merging lane.  
TP changed lane. Lane 1 - straight lane, Lane 2-3  
-merging lane. Based on both accident reports and  
sketch plan, accident occurred on the middle lane.  
Negotiate 50/50 settlement.

STAGE

DATE / PIC

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:

13/12

Sent By:

Hua

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

181

S\$

2,820.34

(3 days)

Reduction:

34

%

Email

Call

FINAL SETTLEMENT

Date/Time:

08/07/19

Confirm with:

MON

KUM

Email

Call

Final Liability:

%

50

(Agreed / Assessed)

BOLA S/N No.:

(18)

If NO or B 28, Ass. Lia:

Repair Cost:

3,077.76

S\$

1,508.88

Loss of Rental (LOR):

S\$

450.00

(5 days)

X

450.00

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\$

-

Legal Cost

S\$

-

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 450.00

Total:

S\$

1,958.88

Global Sum S\$:

1,958.88

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,958.88

Name 1:

KUM CHOW MOTOR WORKSHOP

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-