15/5/2010

INS. CASE OWNER: Janet | CC 4/ EQI170 24167 / Khaz | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 20/12/17 Date / Time : 20/12/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJU 7677Y Claim No. :

Name of Insured : RAZALI BIN MOHAMED IDRIS Policy No. : DMPPHQ16 - 005990

Insured Tel No. : HP: 9789 5088 Make / Model : HONDA CIVIC - 1.8 L (A)

Excess Sec II :S$ D.O.A : 17/12/17 Place of Accident : BLK 13 GHIM MOH ROAD

Is driver the owner? (YES / (NO)) Nature of Accident :

If NO, Driver Name / Age : MUHAMMAD RUSYAIDI ARFAN BIN RAZALI OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : 9137 0527 (V/L: (YES) / NO) Insured Liability : % **Final ? Yes / No**

SLH 2390B → → →

INSRS: WSP: RC Auto Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLH 2390B - X ; SJU 7677Y - X
20/12/17 (VIC)	
22-12-17	NIL. OI - 100%. COMING OUT FROM MINOR RD, CAUSING COLLISION W/ TP & A MOTORBIKE.
22-12-17 @	1150AM W/OI'S WIFE, OI HUSBAND NOT AROUND. CONFIRMED 4W'S. AGREED TO SETTLE & AWARE NCD ISSUE.
	- FINALISED.
27/02/18	- SUBMIT WP REPORT, TP PROC LAWYER
	- NO SETTLEMENT

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	22/12/17 SOY - OUMOL
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: 21/12/17 Sent By: OB

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 5,513.06 (5 days) Reduction: 11 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: Confirm with Email [ ] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ -	
Loss of Rental (LOR):	S$ - (days)	"NO SETTLEMENT" WP REPORT TP PROC LAWYER
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$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ -	3) Survey fee: $ 230.00
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:	-