

15/5/2010

INS. CASE OWNER:

LAUTHA

CC 6 / III 1800 0163 /

LKK:

IDAC:

Surveyor:

Wilson

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

57Q 1586L

Name of Insured :

MOOR HAPIN BW MASIR

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

m/v/v/r

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / A :

Driver Tel No. :

(V/L: YES/NO)

Claim No. :

MC2017/3231

Policy No. :

m491077

Make / Model :

SUZUKI

Place of Accident :

JAMPINGS ST 32 KM OF
JAMPINGS MPT EMPRNE

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

Insured Liability :

%

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:

m/v solution



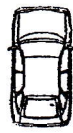
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time		STAGE	DATE / PIC
4/1/18	SKT 8779x - m/v/lup 1600 5488/4 m/v/l/16.	Non-Reporting ltr (1st):	
4/1/18	57Q 1586L - x	Non-Reporting ltr (2nd):	
4/1/18		Non-Reporting ltr (Final):	
4/1/18		Notification ltr (if non-pickup):	
4/1/18		Call OI:	JUK
4/1/18		After call ltr to OI:	
4/1/18		Documentation Check List:	Handler Typist
4/1/18		Notification ltr (if non-pickup)	☐
4/1/18		After call ltr to OI:	☐
4/1/18		Authorisation To Act:	☒
4/1/18		Release Voucher:	☒
4/1/18		Final Repair Bill:	☒
4/1/18		Car Rental Invoice:	☐
4/1/18		Towing Invoice	☐
4/1/18		LTA / GIA :	☒
4/1/18		Medical Bill:	☐
4/1/18		PIR:	☐
4/1/18		Mandate/Reject Instruction:	☒
4/1/18		LOD	☒
4/1/18		Payment Breakdown Form:	☐
4/1/18		Post-Repair Photos:	☐
4/1/18		Others:	☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

Lg

S\$

3,900.00

(2 days)

Reduction:

66 %

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

359

If NO or B 28, Ass. Lia :

0%

Repair Cost:

(w/gst)

S\$

4,173.00

C3 JKH. C.C., OI 2ND CAR)

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

180.00

x 3 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐LOU only ☒LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$500.00

Total:

S\$

4,360.45

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

4,360.45

Name 1:

MG SOLUTION PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-