

15/5/2010

INS. CASE OWNER:

NAME

CC 4 / III 1800

0205, 46639

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

ASSIGNMENT

10/01/18

Date / Time:

4/1/18

Registered in Merimen:

4/1/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 2064C

Name of Insured:

LTP

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

18/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TAN HENRY KOH

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

MOT 17120634

Policy No.:

M000016

Make / Model:

HYUNDAI

Place of Accident:

AME IND PARK 2 X AME IND
PARK 2 X AME 5

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

Insured Liability:

%

Final ? Yes / No

GBP 9577X



INSRS:

WSP:

Tel:

Liability:

RMKS:

Abwin



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
8/1/18	GBP 9577X -X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	OK
15/01/18	MUR REVIEWED. OLD EXTINGUISH MINOR DAMAGE.	After call ltr to OI:	
	GOOD CHECKED WORKS	Documentation Check List:	Handler Typist
	III APPROVED OLD.	Notification ltr (if non-pickup)	☐
17/01/18	EMAIL CLOSURE CLOSURE.	After call ltr to OI:	☐
	PINKETED.	Authorisation To Act:	☒
	TP LOG IN BY EMAIL.	Release Voucher:	☒
08/02/18	TYPE REPORT FOR WANDATE APPROVAL	Final Repair Bill:	☒
	REPORT DONE.	Car Rental Invoice:	☒
21/02/18	BOOK WANDATE TO IN BY WANDATE 2018	Towing Invoice	☐
	III APPROVED WANDATE	LTA / GIA:	☒
22/02/18	GOOD ACCEPTANCE EMAIL TO TP.	Medical Bill:	☐
22/02/18	ORIG. DOCS IN. ALL IN ORDER.	PIR:	☐
	TO CLOS.	Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

SS

1,200.70

(3 days)

Reduction:

84 %

Email

Call

FINAL SETTLEMENT

Date/Time:

23/02/18

Confirm with

LINDA

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

COLD FROM MINOR DAMAGE

Repair Cost: (w/cost)

SS

1,400.31

Loss of Rental (LOR) (w/cost)

SS

900.00

(6 days)

x 4150.00

Loss of Use (LOU):

SS

-

(\$ x 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

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

350.00

3) Survey fee:

Total:

SS

2,368.66

Global Sum \$S:

-

Email

Call

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

2,368.66

Name 1:

ABWIN SERVICE PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

Payee 3: (Strike if N.A.)

SS

-

Name 3: