

INS. CASE OWNER: Jaya

CC3 / CTI18000411 / Kh \$ 312

LKK:

IDAC:

**ASSIGNMENT**

Surveyor: KENNETH

DOI: 05/01/18

Date / Time: 05/01/18

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 103L  
 Name of Insured : CHR. MAY LENG CAROLINE  
 Insured Tel No. : \_\_\_\_\_ HP: 9109 1963  
 Excess Sec II : \$\$ \_\_\_\_\_ D.O.A. : 05/01/18  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : SNM18D0094C02/3/LICKDS  
 Policy No. : DMPCSN1722201700  
 Make / Model : HONDA JAZZ 1.5L AT ABS DIA  
 Place of Accident : HID 2ND SDR JALAN RULOH PERINDU / EAST COAST ROAD

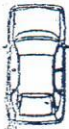
If NO, Driver Name / Age : LIM YING TSUI

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

Driver Tel No. : 8102 2445 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHE 666C



INRS: \_\_\_\_\_  
 WSP: Trans-Cab (Amk)  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date / Time	STAGE	DATE / PIC
10/01/18 (vic)	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: <u>11/01/18 SHTI Hana</u> After call ltr to OI: <u>10/01/18 VIC OK</u>	
10/1/18 @ 1407 hrs	Documentation Check List: Handler Typist	
10/1/18 @ 1714 hrs	Notification ltr (if non-pickup): After call ltr to OI: <input checked="" type="checkbox"/> <input type="checkbox"/> Authorisation To Act: <input checked="" type="checkbox"/> <input type="checkbox"/> Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/> Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/> Car Rental Invoice: <input checked="" type="checkbox"/> <input type="checkbox"/> Towing Invoice: <input type="checkbox"/> <input type="checkbox"/> LTA / GIA: <input checked="" type="checkbox"/> <input type="checkbox"/> Medical Bill: <input type="checkbox"/> <input type="checkbox"/> PIR: <input type="checkbox"/> <input type="checkbox"/> Mandate/Reject Instruction: <input checked="" type="checkbox"/> <input type="checkbox"/> LOD: <input checked="" type="checkbox"/> <input type="checkbox"/> Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/> Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> Others: <input type="checkbox"/> <input type="checkbox"/>	
12/01/18	Finalized A return call from OI, she wants to know the amount might want to settle personally. - SEND LETTER TO OI.	
11/1/18 @ 1230 hrs	spoke to OI she agreed to settled on TP claims. Aware of NCD issue - - FOR BULK SETTLEMENT. FROM ETC. SETTLED. - THE REPORT FOR WADANTE WHILE PENDING TP LOP. ORIGINAL TP LOP IN. - REPORT FOR.	
10/05/18	PRELIMINARY ADVICE Date/Time: <u>02/01/18</u> Sent By: <u>Shirley Hwee</u> <u>10/05/18</u> - OI APPROVED WARRANT.	
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____	
Repair Cost: <u>49</u>	SS <u>8,300.00</u> ( <u>8</u> days) Reduction: <u>66</u> % Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>11/05/18</u> Confirm with: <u>SKAWNE</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : <u>COID FROM MINOR ROAD</u>	
Repair Cost: <u>CW/GRT</u>	SS <u>8,881.00</u>	
Loss of Rental (LOR):	SS <u>1,217.52</u> ( <u>12</u> days) x \$101.46	
Loss of Use (LOU):	SS <u>600.00</u> x <u>12</u> days	
Loss of Income (LOI):	SS <u>-</u> ( <u>S</u> x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search	SS <u>7.45</u>	
Medical:	SS <u>-</u>	
Disbursement:	SS <u>-</u> (e.g. Tow/Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	SS <u>-</u>	2) Report Format:
Total:	SS <u>10,705.97</u> Global Sum SS: <u>-</u>	3) Survey fee: <u>\$400.00</u>
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	SS <u>10,705.97</u> Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>	
Payee 2: (Strike if N.A.)	SS <u>-</u> Name 2: <u>-</u>	
Payee 3: (Strike if N.A.)	SS <u>-</u> Name 3: <u>-</u>	