

INS. CASE OWNER:

CC4 / EQ1800 1027, R/ka392

LKK:
IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

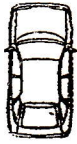
17-01-18

Date / Time:

17-01-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBO 991U

Name of Insured:

MINOX VALVES & FITTINGS P/L

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

15/01/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SAHARUDIN & ISMAIL

Driver Tel No.:

97778308

(V/L: YES / NO)

Claim No.:

Policy No.:

DMCPH217-007674

Make / Model:

MSPAN CARS/AR

Place of Accident:

10 KAPI BUKIT ROAD 2 7 WOODLANDS

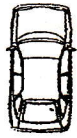
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SDJ 901A



INSRS:

WSP:

Tel:

Liability:

RMKS:

LHMK



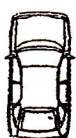
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

19/1/18

2pm

012018 @
am.

SDJ 901A - 06/11/17 13012350/1921202; 15/1/18
GBO 991U - X

Spoke to OIO (Mr Saharudin). Confirmed
accident details and OIO swerved into opposite
lane and collided onto opposite lane and collided
onto TP vehicle. OI will send any additional photo
via email. Informed qd TP claim, aware of MIO
claim and agree to settle. Send letter to OI.

18-12-18

LOD IN. FOR MANDATE
- MANDATE APPROVED
- TP ACCEPTED OFFER.
- AL DOCS IN ORDER.
- TO CLOSE.

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

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: NO DV

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / (GTA):

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

S\$ 7,471.30

(11 days)

Reduction:

15

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

JENNY

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

7,994.29

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

1,400.00

x 14 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

7.49

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

9,401.78

Global Sum S\$:

9,200.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

9,200.00

Name 1:

LAI HUNT (MENG KEE) MOTOR PTB LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

400.00