

15/5/2010

INS. CASE OWNER:

Gerald

CC 4 / LPC18004019

IT 6.3

LKK:

IDAC:

Surveyor:

TAUWKH

DOI:

ASSIGNMENT

02/03/18

Date / Time:

23/02/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SSG 2418K

Name of Insured : YAP HOCK CHYE

Insured Tel No. : HP: 9673-5588

Excess Sec II : \$\$ D.O.A : 26/02/18

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO)

Claim No. : 17/13/18/VPO5/020437

Policy No. : Z17VPO5014874

Make / Model : TOYOTA MARK X - 2.5 (A)

Place of Accident : J GATEWAY CONDO CARPARK

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

Insured Liability : % Final ? Yes / No

SLE 6636H

INSRS:
WSP: Performance Car Rental
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
02/03/18 (v.c)	SLE 6636H - X ; SSG 2418K - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	JIC
		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: 02/03/18 Sent By: 93

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P10	SS 4,358.55 (5 days) Reduction: 26 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/10/18	Confirm with: CAROLINE	Email ☒ Cal ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NL		If NO or B 28, Ass. Lia :
Repair Cost: (w/gst)	SS 4,877.65		01 OPEN BOOK TP VIDEO IN
Loss of Rental (LOR):	SS - (days)		
Loss of Use (LOU):	SS 300.00 (\$60 x 5 days)		
Loss of Income (LOI):	SS - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GLA/LTA Search	SS 2.00		
Medical:	SS -		1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement:	SS - (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	SS -		3) Survey fee: \$400.00
Total:	SS 5,179.65	Global Sum SS: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	SS 5,179.65	Name 1: PERFORMANCE MOTORS LIMITED	
Payee 2: (Strike if N.A.)	SS -	Name 2: -	
Payee 3: (Strike if N.A.)	SS -	Name 3: -	