

INS. CASE OWNER:

CC 4 / ALH 1800 6068, K no 3, 2

LKK:
IDAC:

Surveyor:

KCL

DOI:

ASSIGNMENT

9-4-18

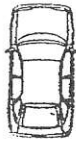
Date / Time:

03/04/18

Registered in Merimen:

03/04/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SGL72X
 Name of Insured : Ma Chun Lin
 Insured Tel No. : _____ HP: _____
 Excess Sec II : SS _____ D.O.A : 30/03/18

Claim No. : _____
 Policy No. : 200318675
 Make / Model : Porsche
 Place of Accident : Balestier Rd

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

If NO, Driver Name / Age :

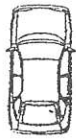
Driver Tel No. :

GISELE MA PER PER
90110072 (V/L: YES / NO)

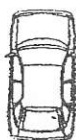
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

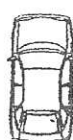
SLV 6435 G



INSRS:
WSP: Cheng Hoe
Tel: Comes
Liability:
RMKS: G401 2001



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
11/4	SLV 6435 G - X:	Non-Reporting ltr (1st):	
11/4	SLV 72X - 03/1m 11/10/8845/Tinn; 004 9/9/2011	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
06/04/18 @ 11:21AM	UPON TO OI UR NG. OLD WHO HIS SISTER. HE CONFIRMED ACCIDENT DETAILS IN OLD KMR. BODD TP. INFORMED TP CLAIM, AGREED TO SETTLE IN AMOUNT NCD 100000. BUILT LIABILITY CLERK	Call OI: 0604118-010	
		After call ltr to OI: 17/04/18 - VIC	
		Documentation Check List: Handler Typist	
17/04/18	SEND NOTICE IN BUILT TO OI. FINALISE.	Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
		Car Rental Invoice:	☒
		Towing Invoice	☐
20/02/19	CONFIRMED AMOUNT PAID AS LOD. ALL DOCS IN ORDER. TO CLOSE	LTA / GIA :	☒
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost: <u>119</u>	SS <u>5,200.00</u> (<u>9</u> days) Reduction: <u>26</u> %	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time: <u>20/02/19</u> Confirm with: <u>POWYN</u>	Email ☐ Call ☐
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Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>24</u>	If NO or B 28, Ass. Lia :
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Repair Cost: <u>(w/ GST)</u>	SS <u>5,564.00</u>	<u>COID KMR - ENDS TP</u>
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Loss of Rental (LOR):	SS <u>1,430.00</u> (<u>11</u> days) <u>X 4/100</u>	
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Loss of Use (LOU):	SS <u>-</u> (\$ x days)	
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Loss of Income (LOI):	SS <u>-</u> (\$ x days)	
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LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
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GIA/LTA Search	SS <u>8.00</u>	
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Medical:	SS <u>-</u>	
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Disbursement:	SS <u>-</u> (e.g. Tow/ Independent)	
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Legal Cost	SS <u>-</u>	
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Total:	SS <u>7,002.00</u> Global Sum SS: <u>-</u>	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	SS <u>7,002.00</u> Name 1: <u>CHONG HOE MOTOR PTB LTD</u>	
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Payee 2: (Strike if N.A.)	SS <u>-</u> Name 2: <u>-</u>	
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Payee 3: (Strike if N.A.)	SS <u>-</u> Name 3: <u>-</u>	
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COPY SENT
20/2/19

1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee: 4320.00