

INS. CASE OWNER:

CC 3/CTI1800

6754, #1 h639

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

11/4/18

Date / Time :

11/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

PC 2124H

Claim No. :

SNM 14001827002

Name of Insured :

FAT TRANSPORTATION & TRADING

Policy No. :

DMBISN 1748311700

Insured Tel No. :

HP:

Make / Model :

YUTONG

Excess Sec II :\$

D.O.A :

9/4/18

Place of Accident :

Sims are east by WONG MELAYU

Is driver the owner?

(YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age :

LEONG LEE KIM

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

Driver Tel No. :

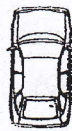
(V/L: ☒ YES / NO)

Insured Liability :

%

Final ? Yes / No

SHB 4606X



INSRS:

WSP:

Tel :

Liability :

RMKS:

CORRECTION



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
16/4/18	SHB 4606X - 4	Non-Reporting ltr (1st):	
11/4	SHB 4606X - 4	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
14/04/18 @ 11:35AM	Spoke to OI PIC HAN UNPA. SHE CONFIRMED ACCIDENT DETAILS & OUI HAD BEEN-ENDED TP. INFORMED TP CLAIM, AGREED TO SETtle & REPAIRS NCD, ISSUES. SEND LETTER & EMAIL TO OI.	Call OI:	14/04/18 - OI
		After call ltr to OI:	
		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:	☒ ☐
05/06/18	TYPE REPORT FOR WARRANT APPROVAL	Towing Invoice	☐ ☐
	REPORT DONE	LTA / GIA :	☐ ☐
06/09/18	SEND WARRANT APPROVAL TO OI BY EMAIL.	Medical Bill:	☐ ☐
07/09/18	OFF APPROVED WARRANT.	PIR:	☐ ☐
	SEND SET OFF TO TP.	Mandate/Reject Instruction:	☒ ☐
12/09/18	RECEIVED ORIG. EV. TP ACCEPTED OFFER.	LOD	☒ ☐
	ALL BOOKS IN ORDER.	Payment Breakdown Form:	☐ ☐
	TO CLOSE.	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: 17/4/18	Sent By: DM	

PRELIMINARY ADVICE Date/Time:

17/4/18

Sent By:

DM

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

\$S

6,580.22

(

4

days)

Reduction:

10

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

07/09/18

Confirm with:

WILLIAM

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

(w/loss)

\$S

7,040.84

(OLD ROAD-ENDED TP)

Loss of Rental (LOR):

\$S

596.40

(

5

days)

x \$119.28

Loss of Use (LOU):

\$S

250.00

50

x

5

days)

Loss of Income (LOI):

\$S

-

(\$

x

days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

\$S

7.19

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/Independent)

Legal Cost

\$S

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

\$S

7,894.73

Global Sum \$S:

7,890.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

\$S

7,890.00

Name 1:

COMFORTABLE ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-