

15/5/2010

INS. CASE OWNER:

CC 4 / ASM1800

7690, Uha3sz

LKK:

IDAC:

42078

Surveyor:

WAPENS

DOI:

ASSIGNMENT

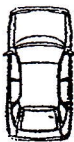
26/4/2018

Date / Time:

26/4/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLR 3666 Y

Claim No.:

SYM 008 ZR

Name of Insured:

KOMOCO CAR RENTALS P/L

Policy No.:

VFX/P1305855

Insured Tel No.:

HP:

Make / Model:

H-10MA

Excess Sec II :\$S

D.O.A.:

13/02/18

Place of Accident:

Sinter ST 1

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MD. IRWAN BIN ABDUL RAHIM

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

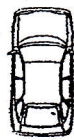
Driver Tel No.:

96463654 (V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

6BB56510



INSRS:

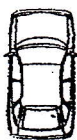
WSP:

Tel:

Liability:

RMKS:

Liu's Bro.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
17/16	6BB56510 - X; SLR 3666 Y - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	25/5/2018
		After call ltr to OI:	Uc-on 0066
24/5/2018	no body pick-up	Documentation Check List:	Handler
25/5/2018	Spoke to OIP, OIP confirmed date of accident is 13/2/2018. Confirmed accident statement. Send letter to OI.	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: 16/6	Sent By: [Signature]	
FINALIZATION	Date/Time: 16/6	Confirm with: [Signature]	Confirm by:
Repair Cost: 46	\$S 5,000.00 (4 days) Reduction: 70 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 19/10/18	Confirm with: [Signature]	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 4,800.00	UI come out from minor Road	
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	\$S 400.00 (\$ 20 x 6 days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S 2.00		
Medical:	\$S -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$S -	3) Survey fee:	\$350.00
Total:	\$S 5,282.00	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 5,282.00	Name 1:	LIU'S BROTHER AUTO ENGINEERING WORKSHOP
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-