

15/5/2010

INS. CASE OWNER:

CC 4/QBE1800

8483

R h63/4

LKK:

IDAC:

Surveyor:

Faisal
Fahd

DOI:

ASSIGNMENT

09/05/18

Date / Time:

9/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

XD 9525M

Claim No.:

20011456

Name of Insured:

FOM KOCK LEONG ENTERPRISE PTE

Policy No.:

8-001594-49

Insured Tel No.:

HP:

Make / Model:

VOLVO

Excess Sec II :\$

D.O.A.:

6/9/18

Place of Accident:

MARRING EAST BR RD.

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SUBBAMUNI PERKUMAR.

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Driver Tel No.:

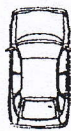
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

5175644P



INSRS:

WSP:

Tel:

Liability:

RMKS:

Wanted 3



INSRS:

WSP:

Tel:

Liability:

RMKS:



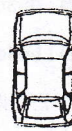
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
10/5/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
16/5/18	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: 10/05/18	Sent By: b3
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: P/P	\$S 13,764.01 (12 days)	Reduction: 15 %
FINAL SETTLEMENT	Date/Time: 14/09/18	Confirm with: WINNIE
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: 27
Repair Cost:	\$S 13,764.01	
Loss of Rental (LOR):	\$S (days)	
Loss of Use (LOU):	\$S 710.00 x 12 days	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]
GIA/LTA Search	\$S	
Medical:	\$S	
Disbursement:	\$S (e.g. Tow/Independent)	
Legal Cost	\$S	
Total:	\$S 14,454.01	Global Sum \$S: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 14,454.01	Name 1: CONNOR 3
Payee 2: (Strike if N.A.)	\$S	Name 2: -
Payee 3: (Strike if N.A.)	\$S	Name 3: -