

INS. CASE OWNER:

KORAMH

CC 3/AIG1800

8646, 11h63

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

10/5/18

Date / Time :

10/5/18

Registered in Merimen:

11/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLM 5385X

Name of Insured :

KIAN KIAN TENG

Insured Tel No. :

HP:

97681677

Excess Sec II :\$

D.O.A :

9/5/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

5865794054

Policy No. :

2005062M-01

Make / Model :

NISSAN

Place of Accident :

LOR AM 500

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SHL 8896T



INSRS:

WSP:

Tel :

Liability :

RMKS:

CME m.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time		STAGE	DATE / PIC
23/5/18	SHL 8896T-X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
24/5/2018	Spoke to OI, confirmed accident statement, informed TP claim and HLP issue. OI agreed to settle and waive the HLP issue. Send letter to OI. polky	Call OI:	vic-ou 25/5
		After call ltr to OI:	24/5/2018
		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:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:		
Repair Cost: P/P	\$S 6,935.00 (4 days)	Reduction: 28 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 05/06/18	Confirm with: CCMUA	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27			
Repair Cost: (w/loss)	\$S 7,420.51			
Loss of Rental (LOR):	\$S 345.00 (3 days) X \$115.00			
Loss of Use (LOU):	\$S 150.00 (\$ 50 x 3 days)			
Loss of Income (LOI):	\$S - (\$ x days)			
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
CIA/LTA Search	\$S 7.49			
Medical:	\$S -			
Disbursement:	\$S - (e.g. Tow/ Independent)			
Legal Cost	\$S -			
Total:	\$S 7,923.00	Global Sum \$S: 7,920.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	\$S 7,920.00	Name 1: COMFORTABLE ENGINEERING PTB LTD		
Payee 2: (Strike if N.A.)	\$S -	Name 2: -		
Payee 3: (Strike if N.A.)	\$S -	Name 3: -		