

15/5/2010

INS. CASE OWNER:

CC 4 / III 1801 0080, D job 9

LKK: IDAC:

Surveyor:

Bryan

DOI:

ASSIGNMENT

5/6/18

Date / Time:

4/6/18

Registered in Merimen:

4/6/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHA 4613E

Claim No. :

MT18060906

Name of Insured :

LTP

Policy No. :

MOMO015

Insured Tel No. :

HP:

Make / Model :

MANOR

Excess Sec II :\$

D.O.A :

Place of Accident :

MANOR RD TRNS PUKERUMST AFTER NEW BRIDGE RD

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

TEO HAN BOK

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

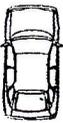
Driver Tel No. :

(VL: YES / NO)

Insured Liability : %

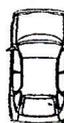
Final ? Yes / No

SHA 8961M



INSRS: WSP: Tel: Liability: RMKS:

Chunni



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		STAGE	DATE / PIC
6/6/18	SHA 8961M SHA 4613E	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
704	TO REQ FOR CCTV	Documentation Check List: Handler Typist	
02/07/18	pinjam 4/5 8400 - w.t.c 7 days y new	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:	
18-7-18	Some cases (C4/1118010077/DP LOD IN - FOR MANDATE	Post-Repair Photos: Others:	
	RECEIVED 18 JUL 2018		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$	(days) Reduction:	% Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 5-9-18	Confirm with: WILLIAM	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	100% %	50 (Agreed / Assessed) BOLA S/N No. :	NIL If NO or B 28, Ass. Lia :
Repair Cost:	8988 \$	4494	
Loss of Rental (LOR):	1035 \$	517.50 x 9 days	X115
Loss of Use (LOU):	\$	x 9 days	
Loss of Income (LOI):	360 \$	180, 40 x 9 days	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>			[Tick only one]
GIA/LTA Search	\$		
Medical:	\$		
Disbursement:	\$	(e.g. Tow/ Independent)	
Legal Cost	\$		
Total:	10,383 \$	5,191.50	Global Sum \$: 5,190
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$	5,190	Name 1: CHUNNI MOTOR WORK PTE LTD
Payee 2: (Strike if N.A.)	\$	x	Name 2: x
Payee 3: (Strike if N.A.)	\$	x	Name 3: x

COPY SENT 2/9/18

RECEIVED 12 SEP 2018