

15/5/2010

INS: CASE OWNER:

CC 6 / CTI1801

1294, U h63

LKK:

IDAC:

Surveyor:

Marius

DOI:

ASSIGNMENT

2/6/18

Date / Time:

2/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKU 17327

Claim No. :

5WMI8D1210 310Y

Name of Insured :

VANREME LOY BOKHAN

Policy No. :

DMCPN 20667201

Insured Tel No. :

HP:

4238787

Make / Model :

MINDA

Excess Sec II :\$S

D.O.A. :

16/6/18

Place of Accident :

SUP RD TO BRADDELL

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

RD

If NO, Driver Name / Age :

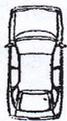
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SKR 91054



INRS: WSP: Tel: Liability: RMKS:

Fastech



INRS: WSP: Tel: Liability: RMKS:



INRS: WSP: Tel: Liability: RMKS:



INRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
2/6/18 vic	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
02/07/18 @ 2:51PM	After call ltr to OI:	02/07/18-JK
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: 02/08/18 Sent By: JK		
FINALIZATION Date/Time: Confirm with:		Confirm by:
Repair Cost: 46 \$S 9,000.00 (5 days) Reduction: 75 % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 29/11/18 Confirm with: JKSON Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (w/loss) \$S 5,380.00		COI REPAIR-ENDED TP)
Loss of Rental (LOR): \$S - (days)		
Loss of Use (LOU): \$S 480.00 (\$ 80 x 6 days)		
Loss of Income (LOI): \$S - (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$S 200		
Medical: \$S -		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$S - (e.g. Tow/Independent)		2) Report Format:
Legal Cost \$S -		3) Survey fee: \$400.00
Total: \$S 5,832.00 Global Sum \$S: 5,830.00		
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$S 5,830.00 Name 1: FASTECH AUTO PTG LTD		
Payee 2: (Strike if N.A.) \$S - Name 2: -		
Payee 3: (Strike if N.A.) \$S - Name 3: -		