

INS. CASE OWNER:

CCP/PC 1801 N97, Ti Wb7y

LKK:
IDAC:

Surveyor: TAMIKH DOI: ASSIGNMENT 16/07/18 Date / Time: 4/9/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SES 4570P
Name of Insured : LOH KWOK FONG
Insured Tel No. : _____ HP: _____
Excess Sec II : \$\$ _____ D.O.A : 20/6/18
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : LOH JIA WEN EITH
Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : 18/18/18/05/020729
Policy No. : 718VP0501876
Make / Model : REUGROT
Place of Accident : PLE TWOS TNAS MARK ADAMS RD EAT
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

SMA 7897



INSRS:
WSP: ckc
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
5/7/18	<u>SMA 7897 - X</u>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
06/07/18	<u>PLS REVISOR. OLD RATE - ENDED TP.</u>		
	<u>EMAIL LIABILITY CLEAR.</u>		
	<u>PINKSLIP.</u>		
	<u>OL SCANS PHOTOS IN.</u>		
18/02/19	<u>PLS PLS TO TPST TO TPST REPORT WHILE PENDING FOR LOD.</u>		
	<u>ORIGINAL TP LOD IN.</u>		
	<u>REPORT DONE</u>		
11/03/19	<u>SEBK WARRANTS APPROVAL TO LPC.</u>		
26/03/19	<u>LPC APPROVED WARRANTS.</u>		
	<u>SEND 1ST OFFER TO TP.</u>		
21/06/19	<u>TP ACCEPTED OFFER.</u>		
27/06/19	<u>RECEIVED PV. ALL IN ORDER</u>		
PRELIMINARY ADVICE Date/Time: <u>17/07/18</u> Sent By: <u>BS</u>			
FINALIZATION Date/Time: _____ Confirm with: _____		Confirm by: _____	
Repair Cost: <u>PIP</u> \$S <u>3,068.00</u> (<u>1</u> days) Reduction: <u>47</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u>13/06/19</u> Confirm with: <u>AT TING</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia : <u>COLO KONG - ENDED TP</u>		
Repair Cost: <u>(w/LOD)</u> \$S <u>3,282.76</u>			
Loss of Rental (LOR) <u>(w/LOD)</u> \$S <u>642.00</u> (<u>6</u> days) X \$100			
Loss of Use (LOU): \$S <u>-</u> (\$ x days)			
Loss of Income (LOI): \$S <u>-</u> (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]			
GIA/LTA Search \$S <u>-</u>			
Medical: \$S <u>-</u>	1) Claim status: <u>Normal</u> /Reject/Private Settle		
Disbursement: \$S <u>-</u> (e.g. Tow/Independent)	2) Report Format: _____		
Legal Cost \$S <u>-</u>	3) Survey fee: <u>\$450.00</u>		
Total: \$S <u>3,924.76</u> Global Sum \$S: <u>-</u>			
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: \$S <u>3,924.76</u> Name 1: <u>OKUS 4 CARRIAGE KIA PDS LTD</u>			
Payee 2: (Strike if N.A.) \$S <u>=</u> Name 2: <u>=</u>			
Payee 3: (Strike if N.A.) \$S <u>=</u> Name 3: <u>=</u>			