

INS. CASE OWNER:

Satika.

cc 6, A16 180 12851, Upa 3

LKK:

IDAC:

Surveyor:

MARUS

DOI:

ASSIGNMENT

16/8/18

Date / Time:

16/8/18

Registered in Merimen:

16/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

STY 9970R

Name of Insured:

LUA HUI MIEN

Insured Tel No.:

HP:

42333076

Excess Sec II : \$S

D.O.A.:

11/8/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

2100233570

Make / Model:

N. SYLPHY

Place of Accident:

BUKIT BATOK RD

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

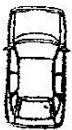
OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

G8D 4470E



INSRS:

WSP:

Tel:

Liability:

RMKS:

Lin Brothers



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

19/8/18

G8D 4470E, X;

STY 9970R. cc 6, A16 180 12851, Upa 3, 11/8/18

STAGE

DATE / PIC

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)

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$S

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed)

BOLA S/N No.:

28 (7cc. 011444)

If NO or B 28, Ass. Lia:

Repair Cost:

\$S 10800.00

Loss of Rental (LOR):

\$S

(

days)

Loss of Use (LOU):

\$S

600.00

(

days)

Loss of Income (LOI):

\$S

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$S

2.00

Medical:

\$S

Disbursement:

\$S

(e.g. Tow/ Independent)

Legal Cost

\$S

Total:

\$S 11402.00

Global Sum \$S

1200.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

11200.00

Name 1:

Lin's Brother Auto Engineering Workshop

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3: