

15/5/2010

INS. CASE OWNER:

JANOT

CC 4/EQ1801 2480, A 166352

LKK:
IDAC:

Surveyor:

KADIAN

DOI:

ASSIGNMENT

16/7/18

Date / Time :

16/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBD 7651E

Name of Insured :

CMA Holdings Pte

Insured Tel No. :

HP:

Excess Sec II :\$S

D.O.A :

17/7/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

TAN SEON H KHOON

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

DM18H007845T

Policy No. :

DM18H0078-001942

Make / Model :

MSSAN

Place of Accident :

BRADDELL RD TWP5 TOA

PAYOH

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

Insured Liability : % Final ? Yes / No

CMA SEC 5701H

INSRS:
WSP:
Tel :
Liability :
RMKS:Kah
motorINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
18/7/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	18/07/18 - vic
18/07/18 5:45PM	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	☒
	After call ltr to OI:	☒
	Authorisation To Act:	☒
	Release Voucher:	NO BV
	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: 18/07/18 Sent By: KB	Confirm by:	
FINALIZATION Date/Time: Confirm with:	Confirm by:	
Repair Cost: P/P \$S 15,342.71 (12 days) Reduction: 38 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 16/10/18 Confirm with: KADIAN	Email ☒ Call ☐	
Final Liability: % 100 (Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/loss) \$S 14,276.69	2016 Repair - BOLA - TP	
Loss of Rental (LOR): \$S - (days)		
Loss of Use (LOU): \$S 700.00 (\$50 x 14 days)		
Loss of Income (LOI): \$S - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$S 2.00		
Medical: \$S -		
Disbursement: \$S - (e.g. Tow / Independent)		
Legal Cost \$S -		
Total: \$S 14,978.69 Global Sum \$S: -		
FINAL PAYMENT Date/Time: Confirm with:	Email ☐ Call ☐	
Payee 1: \$S 14,978.69 Name 1: KAH MOTOR CO. SDN. BHD.		
Payee 2: (Strike if N.A.) \$S - Name 2: -		
Payee 3: (Strike if N.A.) \$S - Name 3: -		