

15/5/2010

INS. CASE OWNER:

CC 6/AIG1801

3978, Unb3

LKK:

IDAC:

Surveyor:

MARINS

DOI:

ASSIGNMENT

Date / Time :

1/8/18

Registered in Merimen:

1/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SL6 578X

Claim No. :

870326479156

Name of Insured :

WENDY TAN MRS GAN

Policy No. :

70048780-01

Insured Tel No. :

HP:

9875714

Make / Model :

MAZDA

Excess Sec II :\$S

D.O.A :

7/8/18

Place of Accident :

PIE EXIT 2 TMS UPP
KUALA RD EAST

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

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

SKB 4367K

INSRS:
WSP:
Tel :
Liability :
RMKS:Kim
ChweeINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
6/8/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
27/08/18 @ 11:30 AM	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:

L16

\$S

6,800.00

(6 days)

Reduction:

66 %

Email ☐

Call ☐

FINAL SETTLEMENT

Date/Time:

26/09/18

Confirm with:

JASON

Email ☐

Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

(w/600)

\$S

7,276.00

Loss of Rental (LOR):

\$S

600.00

(3 days)

x \$100.00

Loss of Use (LOU):

\$S

-

(\$ x 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

7,576.00

Global Sum \$S: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐

Call ☐

Payee 1:

\$S

7,576.00

Name 1:

KIM CHWEI AUTO PTE LTD

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-