

INS. CASE OWNER:

CC 3 / B01 180 / 5930 / K1ha3

LKK:

IDAC:

Surveyor:

Amc

DOI:

ASSIGNMENT

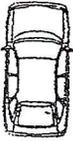
30/8/2018

Date / Time:

30/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

XE 3507 A

Name of Insured:

KL OMNIBUS, ML

Insured Tel No.:

HP:

Excess Sec II :\$\$

D.O.A.:

30/8/2018

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age:

YU ELI CHON  
980 76290

Driver Tel No.:

(VL: YES / NO)

Claim No.:

DM184002280-J6

Policy No.:

DMCPHA17-006180

Make / Model:

SCANIA

Place of Accident:

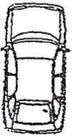
SIMPAN RO

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

Insured Liability: %

Final ? Yes / No

SAC 82645



INSRS:

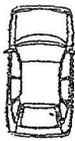
WSP:

Tel:

Liability:

RMKS:

White 1404.



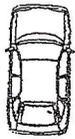
INSRS:

WSP:

Tel:

Liability:

RMKS:



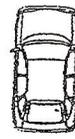
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

Date/ Time	STAGE	DATE / PIC
4/9/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler	Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" 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 checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 3/9 Sent By: [Signature]

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 410 \$S\$ 3280.00 ( 2 days) Reduction: 31 %

FINAL SETTLEMENT Date/Time: 14/12/18 Confirm with: SIMM Email: [checked] Call: [ ]

Final Liability:	%	20	(Agreed / Assessed) BOLA S/N No.:	NIL
Repair Cost:	\$S\$	3,477.50		
Loss of Rental (LOR):	\$S\$	115.00	( 2 days) x \$ 115.00	
Loss of Use (LOU):	\$S\$	50.00	50 x 2 days	
Loss of Income (LOI):	\$S\$	-	(\$ x days)	
LOR only	<input type="checkbox"/>	LOU only	<input type="checkbox"/>	LOR + LOU
LOR + LOU	<input type="checkbox"/>	LOR + LOI	<input checked="" type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$S\$	7.49		
Medical:	\$S\$	-		
Disbursement:	\$S\$	-		
Legal Cost	\$S\$	-		
Total:	\$S\$	3,814.99	Global Sum \$S\$:	1,910.00

FINAL PAYMENT Date/Time: Confirm with: Email: [ ] Call: [ ]

Payee 1:	\$S\$	1,910.00	Name 1:	CONTROLTECH ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	\$S\$	-	Name 2:	-
Payee 3: (Strike if N.A.)	\$S\$	-	Name 3:	-