

INS. CASE OWNER:

Kenik

CC 4, A1618016770, Kfa3 9

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

14/9/18

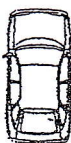
Date / Time:

12/9/18

Registered in Merimen:

13/9/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLS 9634U

Name of Insured:

POPULAR PART ACAR P/L

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

8/9/18

Claim No.:

47923183545G

Policy No.:

Make / Model:

A HYBRID

Place of Accident:

UPPER THOMSON RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TAREK HABASHY MO. AUY AMMO

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

Driver Tel No.:

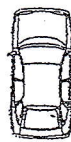
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SDK 120 G



INSRS:

WSP:

Tel:

Liability:

RMKS:

Seng / km



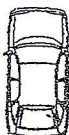
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

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: 20/9/2018

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:

19/9/2018

Sent By:

Hmk

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

S\$ 18,225.61 (8 days) Reduction: 18 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

20/10/2020

Confirm with:

H9 ONG

Email ☒ Call ☐

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

18,225.61

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

1,000.00 (\$100 x 10 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 310.00

Total:

S\$

19,233.06

Global Sum S\$:

19,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

19,000.00

Name 1:

SANA KIN MOTOR WORKS

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

Payee 3: (Strike if N.A.)

S\$

-

Name 3: