

Surveyor:

DOJ:

ASSIGNMENT

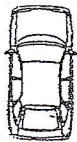
Date / Time:

14/9/2018

Registered in Merimen:

Pre-assign / CCU / FTE

SJN 4776B



Insured Vehicle No.:

Name of Insured:

PATRICK CHEAH POH JUN

Insured Tel No.:

HP:

Excess Sec II : S\$

D.O.A.:

12/9/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

Quah Lizming.
91069028

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

DMPPTA 18-000849

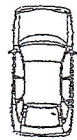
7-Ax20.

Eng Coast Rd

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

Insured Liability: % Final ? Yes / No

SME7094M



INSRS:

WSP:

Tel:

Liability:

RMKS:

Kah Motor



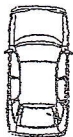
INSRS:

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:

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:

24/08/18

Sent By:

93

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$

5,521.76

(5

days) Reduction:

28

%

Email

Call

FINAL SETTLEMENT

Date/Time:

13/12/18

Confirm with:

PHOAZ

Email

Call

Final Liability:

%

10

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

(w/gov)

S\$

5,908.30

Loss of Rental (LOR):

S\$

535.00

(5

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 + LOI

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

6,443.30

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

6,443.30

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:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 400.00