

15/5/2010

INS. CASE OWNER:

CHOW HANIS

CC

ATG1801

LKK:

IDAC:

Surveyor:

MARINS

DOI:

ASSIGNMENT

VOTATIS

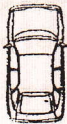
Date / Time:

20/1/18

Registered in Merimen:

20/1/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLV 8718G

Name of Insured:

UR

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

19/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

KW CHOW EMM

Driver Tel No.:

(V/L YES / NO)

Claim No.:

8812411659

Policy No.:

9999999999

Make / Model:

LWMDA

Place of Accident:

OFF THE DANKY FARM.

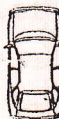
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLV LAMIA



INSRS:

WSP:

Tel:

Liability:

RMKS:

Kim Chwel



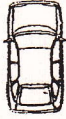
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLV LAMIA - X

SLV 8718G - X

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:

JUN 28 11 18

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: AGAINST OI

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

25/1/18

JUN

18/07/19

19/07/19

3-6-19

REPORT DONE
GIVE MANDATE TO HISHIS APPROVED MANDATE
GIVE 1ST OFFER TO TP.
TP ACCEPTED OFFER.
ALL BOCS IN ORDER
TO CLOSE.

LOD IN FOR MANDATE.

PRELIMINARY ADVICE Date/Time:

Sent By:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

L6

S\$ 19,000.00

10 days) Reduction:

70

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

Email

Call

If NO or B 28, Ass. Lia:

100

Repair Cost:

G5T

S\$ 20,330.00

Loss of Rental (LOR):

S\$

660

(\$ 60 x 11 days)

Loss of Use (LOU):

S\$

660

(\$ 60 x 11 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

20,997.45

Global Sum S\$:

20,990.00

Email

Call

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

20,990.00

Name 1:

KIM CHWEE MTD PDS LTD

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:

\$320.00