

15/5/2010

INS. CASE OWNER:

CC 6 /AIG1801

8005, A h b h

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

7/10/18

Date / Time:

7/10/18

Registered in Merimen:

5/10/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

KT 6761 L

Claim No.:

777186907654

Name of Insured:

HOO GLEN KIMNH.

Policy No.:

7004187-07.

Insured Tel No.:

HP:

96156411

Make / Model:

MAYAN

Excess Sec II :\$

D.O.A.:

7/10/18

Place of Accident:

TOWN TOWN HALL RD

Is driver the owner?

(YES / NO)

Nature of Accident:

HERING TMS PLE

If NO, Driver Name / Age:

Driver Tel No.:

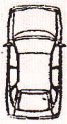
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SFE 7655 n



INSRS:

WSP:

Tel:

Liability:

RMKS:

ZEN WORKZ



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
9/10/18	SFE 7655 n - x	Non-Reporting ltr (1st):	
✓	FINISHED.	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	05/11/18 - YIC
		After call ltr to OI:	26/10/18 - YIC
26/10/18 @ 2:21PM	Call OI. NO. NOT AVAILABLE. PLUS REVIEWED. OI REPLY - BOUNDED TP.	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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	L16	\$S 2,500.00	(5 days) Reduction:	54 %	Email ☐	Call ☐
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FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
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Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	24	If NO or B 28, Ass. Lia:
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Repair Cost:	(W/GRO)	\$S 2,675.00	(7 days) X 4100	COI KATH-BUNOIO-TP)
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Loss of Rental (LOR):	\$S	700.00	(7 days) X 4100	
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Loss of Use (LOU):	\$S	-	(\$ x days)	
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Loss of Income (LOI):	\$S	-	(\$ x days)	
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LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LO ☐	(Tick only one)
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GIA/LTA Search	\$S	-		
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Medical:	\$S	-		
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Disbursement:	\$S	-	(e.g. Tow/ Independent)	
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Legal Cost	\$S	-		
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Total:	\$S	3,375.00	Global Sum \$S:	-
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
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Payee 1:	\$S	3,375.00	Name 1:	ZEN WORKZ LLP
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Payee 2: (Strike if N.A.)	\$S	-	Name 2:	-
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Payee 3: (Strike if N.A.)	\$S	-	Name 3:	-
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