

15/5/2010

INS. CASE OWNER:

Gerald

CC 4/LPC1801

8218, A 263

LKK: IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

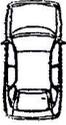
17/10/08

Date/Time:

8/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKC 7332A

Claim No.:

18/10/18/UPON/00987

Name of Insured:

MUNDUM MUNDUM

Policy No.:

215UP0501774

Insured Tel No.:

HP: 9681006

Make / Model:

HYUNDAI

Excess Sec II :SS

D.O.A: 4/10/18

Place of Accident:

AYE TMS TMS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

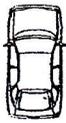
Driver Tel No.:

(V/L YES / NO)

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

Insured Liability: % Final? Yes / No

YM 101C



INSRS: WSP: Tel: Liability: RMKS:

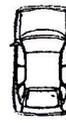
SK Anto



INSRS: WSP: Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
7/10/18	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 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 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 checked="" 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: 5/3/2019	Sent By: CPK
FINALIZATION	Date/Time: 4/300.00	Confirm with: 78.53 %
Repair Cost: 46	SS 4,300.00	(5 days) Reduction: 78.53 %
FINAL SETTLEMENT	Date/Time: 10.04.2019	Confirm with: Julie
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 77
Repair Cost: (withst)	SS 4,601.00	
Loss of Rental (LOR):	SS -	(days)
Loss of Use (LOU):	SS 750.00	(\$150.00 x 5 days)
Loss of Income (LOI):	SS -	(\$ x days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	SS 2.00	
Medical:	SS -	
Disbursement:	SS -	(e.g. Tow/ Independent)
Legal Cost	SS -	
Total:	SS 5,353.00	Global Sum SS: 5,350.00
FINAL PAYMENT	Date/Time:	Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS 5,350.00	Name 1: SK Automobile Pte Ltd
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3: