15/5/2010

INS. CASE OWNER: AIDA | CC Y/III1801 8890, R1 bb3 9 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 26/10/18 Date / Time : 16/10/18

Registered in Merimen: 17/10/18.

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2614Z Claim No. : MCT18100405

Name of Insured : LTD Policy No. : MCONOOLJ

Insured Tel No. : HP: Make / Model : HYUNDAI

Excess Sec II :S$ D.O.A : 17/10/18. Place of Accident : LTE TUNNEL > CITY.

Is driver the owner? (YES / NO) Nature of Accident :

If **NO.** Driver Name / Age : TEO CHENG HAI OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SFY 77218 → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: KAH MOTOR.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SFY 77218 — X
17/10/18	SHA7614Z - CCU/III1800566/R2bb3 DOA-26/7/18
UL	
24/10/18	- FILE REVIEWED. OID CHANGED LANE.
	- SEEK LIABILITY MANDATE.
	- III AGREED D/O
	- FINALISED
26/10/18	- EMAIL LIABILITY CLEAR
	- TP LOD IN BY EMAIL
02/05/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
03/05/19	- SEEK MANDATE APPROVAL TO III
	- III APPROVED MANDATE
07/05/19	- SEND ACCEPTANCE EMAIL TO TP.
14/05/19	- EV IN. ALL DOCS IN ORDER.
	- TO CLOSE.

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 8,127.65 (8 days) Reduction: 56 % Email ___ Call ___

FINAL SETTLEMENT Date/Time: 08/05/19 Confirm with DESMOND Email ✓ Call ___

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28. Ass. Lia : COID CHANGED LANE)

Repair Cost: (w/GST) S$ 8,696.59

Loss of Rental (LOR) (w/GST) S$ 963.00 (9 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$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $ 600.00
Total:	S$ 9,659.59 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email ___ Call ___

Payee 1:	S$ 9,659.59	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:	—