15/5/2010

INS. CASE OWNER: DANIEL | CC 4/III1801 9210, 12/463 52 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Yunitka. DOI: 20/10/18 Date / Time : 21/10/18.

Registered in Merimen: 21/10/18.

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 6144 L Claim No. : HOT 18100673

Name of Insured : YPL Policy No. : MPM0015

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

Excess Sec II :S$ D.O.A : 20/10/18. Place of Accident :

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

If **NO**. Driver Name / Age : UM BENG 60F OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

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

SJS 7497B → → →

INSRS:
WSP: Kah motor.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJS 7497B-Y SH 6144L-Y
21/10/18 VC	
31/10/18	- PLS REQUESTED. O/D REAR BUMPER TP. SEEK LIABILITY MANDATE.
01/11/18	- III AGREED 6/6 - BUILD LIABILITY CLAIM - FINALISED. - TP LOD IN BY EMAIL
04/04/19	- TYPE REPORT FOR MANDATE APPROVAL

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$ 12,694.82 10 days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: Confirm with Email Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28. Ass. Lia :
Repair Cost: (w/GST)	S$ 13,583.44	COLD (REAR BUMPER TP)
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 600.00 S60 x 10 days)	
Loss of Income (LOI):	S$ — (S x days)	
LOR only ☐ LOU only ✓	LOR + LOU ☐ LOR + LO ☐ **[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:
Total:	**S$ 14,183.44** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email Cal

Payee 1:	S$ 14,183.44	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:	—