

15/5/2010

INS. CASE OWNER:

Winnil.

CC 4 ASM 9242, A hhh
/AXA1801LKK:
IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

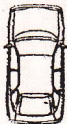
27/10/18

Date / Time:

27/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLC 2404X

Name of Insured:

MUN Ngon BHM.

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

27/10/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S8m0102F / 76857

Policy No.:

VPM 10 1097767

Make / Model:

Toyota

Place of Accident:

Main of NUTOKUS 1 d Kocok K

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

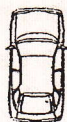
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

GBG 77777

INSRS:
WSP:
Tel:
Liability:
RMKS:Chew
motorINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time

27/10/18
vic

GBG 77777-X

SLC 2404X-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:

27/10/18 - vic

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:

20 forum

PRELIMINARY ADVICE Date/Time:

Sent By:

27/10/18

- TP ACCEPTED OFFER. ALL LOSS IN OFFER.

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L19

\$S

6,900.00

(9

days)

Reduction:

56

%

Email

Call

FINAL SETTLEMENT

Date/Time:

11/05/19

Confirm with

SUKH

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

5

If NO or B 28, Ass. Lia:

Repair Cost:

\$S

6,900.00

Loss of Rental (LOR):

\$S

-

(

days)

Loss of Use (LOU):

\$S

1,100.00

100 x

11

days)

Loss of Income (LOI):

\$S

-

(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

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 350.00

Total:

\$S

8,007.45

Global Sum \$S:

8,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

8,000.00

Name 1:

CHEW MOTOR PTE LTD.

Payee 2: (Strike if N.A.)

\$S

=

Name 2:

=

Payee 3: (Strike if N.A.)

\$S

=

Name 3:

=