

15/5/2010

INS. CASE OWNER:

LAURHA

CC6 / III1801

9h41, Uthb3g

LKK:

IDAC:

Surveyor:

MNRMS

DOI:

ASSIGNMENT

17/10/16

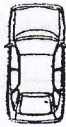
Date / Time:

16/10/16

Registered in Merimen:

16/10/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

PC 8968A

Claim No.:

HC20182865

Name of Insured:

KNOW TRANSPORT SERVICE

Policy No.:

MTH5585

Insured Tel No.:

HP:

Make / Model:

MITSUBISHI

Excess Sec II :SS

D.O.A.:

17/10/16

Place of Accident:

WEMINTI RD TMOBAYE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

WU KIM SONY

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

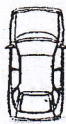
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SGM 9181P

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

PASTECH

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

| Date/ Time |                                                               | STAGE                             | DATE / PIC                          |
|------------|---------------------------------------------------------------|-----------------------------------|-------------------------------------|
| 17/10/16   | SGM 9181P - x                                                 | Non-Reporting ltr (1st):          |                                     |
|            |                                                               | Non-Reporting ltr (2nd):          |                                     |
|            |                                                               | Non-Reporting ltr (Final):        |                                     |
|            |                                                               | Notification ltr (if non-pickup): |                                     |
|            |                                                               | Call OI:                          |                                     |
| 21/10/16   |                                                               | After call ltr to OI:             |                                     |
| 21/10/16   | - MUE PASTECH. OIO PASTE-EMBED TP. SEEK CASHLY WARRANT TO II. | Documentation Check List: Handler | Typist                              |
| 02/11/16   |                                                               | Notification ltr (if non-pickup)  | <input type="checkbox"/>            |
| 03/11/16   |                                                               | After call ltr to OI:             | <input type="checkbox"/>            |
|            |                                                               | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|            |                                                               | Release Voucher:                  | <input checked="" type="checkbox"/> |
| 09/11/16   |                                                               | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|            |                                                               | Car Rental Invoice:               | <input checked="" type="checkbox"/> |
|            |                                                               | Towing Invoice                    | <input type="checkbox"/>            |
| 10/12/16   |                                                               | LTA / GIA :                       | <input type="checkbox"/>            |
| 10/12/16   |                                                               | Medical Bill:                     | <input type="checkbox"/>            |
| 12/12/16   |                                                               | 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:                        | Sent By:            | Confirm by:                                                             |
| FINALIZATION                                                                                                                                        | Date/Time:                        | Confirm with:       | Confirm by:                                                             |
| Repair Cost: L16                                                                                                                                    | \$S 11,000.00 (12 days)           | Reduction: 61 %     | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| FINAL SETTLEMENT                                                                                                                                    | Date/Time: 12/12/16               | Confirm with: JASON | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                    | % 100 (Agreed / Assessed)         | BOLA S/N No. : 27   | If NO or B 28, Ass. Lia :                                               |
| Repair Cost: (w/acc)                                                                                                                                | \$S 11,770.00                     |                     | COLO PASTE-EMBED TP                                                     |
| Loss of Rental (LOR):                                                                                                                               | \$S 1,000.00 (10 days) X \$100.00 |                     |                                                                         |
| Loss of Use (LOU):                                                                                                                                  | \$S - (\$ x days)                 |                     |                                                                         |
| Loss of Income (LOI):                                                                                                                               | \$S - (\$ x days)                 |                     |                                                                         |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> | [Tick only one]                   |                     |                                                                         |
| GIA/LTA Search                                                                                                                                      | \$S -                             |                     |                                                                         |
| Medical:                                                                                                                                            | \$S -                             |                     |                                                                         |
| Disbursement:                                                                                                                                       | \$S - (e.g. Tow/ Independent )    |                     |                                                                         |
| Legal Cost                                                                                                                                          | \$S -                             |                     |                                                                         |
| Total:                                                                                                                                              | \$S 12,770.00                     | Global Sum \$S: -   |                                                                         |
| FINAL PAYMENT                                                                                                                                       | Date/Time:                        | Confirm with:       | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                            | \$S 12,770.00                     | Name 1: PASTECH     | AUTO PRE LTD                                                            |
| Payee 2: (Strike if N.A.)                                                                                                                           | \$S -                             | Name 2: -           |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                           | \$S -                             | Name 3: -           |                                                                         |