

15/5/2010

INS. CASE OWNER:

CC ^h/CTI1802 0722 / N^h66h

LKK:

IDAC:

Surveyor:

NAT

DOI:

ASSIGNMENT

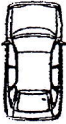
06/11/18

Date / Time:

06/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

PM 955AH

Claim No.:

SNM1805054410Y

Name of Insured:

HANG BNS TRANSPORT SERVICES

Policy No.:

PMB15N309431730

Insured Tel No.:

HP:

Make / Model:

MIT SUPR8M1

Excess Sec II :\$S

D.O.A.:

01/11/18

Place of Accident:

MYE TMS UEMENT

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

AMY GUAN 700

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SMB 5081T

INSRS:
WSP:
Tel:
Liability:
RMKS:

SMKT

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

Date/ Time	STAGE	DATE / PIC
4/4/2019	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	3/10/19 - PK
	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: 10/11/18 Sent By: b3

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	\$S 1,700.00	(2 days) Reduction: 20 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/09/19	Confirm with: AUDRUM	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: Nil	If NO or B 28, Ass. Lia:
Repair Cost:	\$S 1,700.00		
Loss of Rental (LOR):	\$S - (days)		
Loss of Use (LOU):	\$S 700.00 x 2 days		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$S 7.00		
Medical:	\$S -		
Disbursement:	\$S - (e.g. Tow/ Independent)		
Legal Cost	\$S -		
Total:	\$S 2,407.00	Global Sum \$S: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 2,407.00	Name 1: SURE BUREAU LTD	
Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
Payee 3: (Strike if N.A.)	\$S -	Name 3: -	