

CC 3, CTI 180 21138, Kja3

LKK: IDAC:

INS. CASE OWNER:

ASSIGNMENT

21-11-18

Surveyor:

REG:

21-11-18

Date / Time:

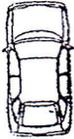
Registered in Malacca:

Pre-assign / CCU / FTE

SLM 3512J

Claim No.:

SNM18D054A2C02



Insured Vehicle No.:

Policy No.:

DMPC0N1740051801

Name of Insured:

Lee Kok May Melan

Make / Model:

Insured Tel No.:

HP:

Place of Accident:

Bt. Timoh Rd

Excess Sec II :\$S

D.O.A: 19-11-18

Is driver the owner? (YES / NO)

Nature of Accident:

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

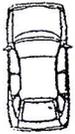
If NO, Driver Name / Age:

Insured Liability: % Final? Yes / No

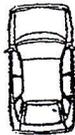
Driver Tel No.:

(V/L: YES / NO)

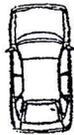
She strike



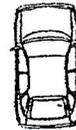
INSRS: 7mms cab  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/Time	STAGE	DATE / PIC
11/12	Non-Reporting ltr (1st):	
1/1	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	20/07/19-1/1
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 11/12 Sent By: [Signature]

<b>FINALIZATION</b>	Date/Time: 11/12	Confirm with: 93 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: <b>LS</b>	S\$ 2,180.00 (2 days) Reduction:		
<b>FINAL SETTLEMENT</b>	Date/Time: 06/08/19	Confirm with: 100 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.:	27	
Repair Cost: <b>CS/ERT</b>	S\$ 2,021.50		
Loss of Rental (LOR):	S\$ 253.65 (2.5 days) x \$101.46		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ 125.00 (\$50 x 2.5 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	<input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 7.19		
Medical:	S\$ -		
Disbursement:	S\$ - (e.g. Tow/Independent)		
Legal Cost	S\$ -		
<b>Total:</b>	S\$ 3,007.64	Global Sum S\$: 2,990.00	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	
Payee 1:	S\$ 2,990.00	Name 1: TRANS-CAD AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$ -	Name 2:	
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	