

1/15/2010

INS. CASE OWNER:

Sundari

CC 4/III1802

2453, Tig 6/6/18

LKK:

IDAC:

Surveyor:

Tawhich

DOI:

ASSIGNMENT

2/12/18

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SH 6842C

Name of Insured:

LTP

Insured Tel No.:

HP:

Excess Sec II : \$

D.O.A.:

12/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

NGW Hwa Thum

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

MCH2005

Policy No.:

Make / Model:

Hyundai

Place of Accident:

UE - emp. reg.

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

Insured Liability:

% Final ? Yes / No

SHA 97610



INSRS:

WSP:

Tel:

Liability:

RMKS:

Ding Automotive



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
24/1/18	Non-Reporting ltr (1st):	
24/1/18	Non-Reporting ltr (2nd):	
24/1/18	Non-Reporting ltr (Final):	
24/1/18	Notification ltr (if non-pickup):	
24/1/18	Call OI:	
24/1/18	After call ltr to OI:	
24/1/18	Documentation Check List: Handler Typist	
24/1/18	Notification ltr (if non-pickup)	☒
24/1/18	After call ltr to OI:	☒
24/1/18	Authorisation To Act:	☒
24/1/18	Release Voucher:	☒
24/1/18	Final Repair Bill:	☒
24/1/18	Car Rental Invoice:	☒
24/1/18	Towing Invoice:	☒
24/1/18	LTA / GIA:	☒
24/1/18	Medical Bill:	☒
24/1/18	PIR:	☒
24/1/18	Mandate/Reject Instruction:	☒
24/1/18	LOD:	☒
24/1/18	Payment Breakdown Form:	☒
24/1/18	Post-Repair Photos:	☒
24/1/18	Others:	☒

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

SS 3515.36

(6 days)

Reduction: \$4454.54 % 56

FINAL SETTLEMENT

Date/Time:

Confirm with:

Final Liability:

SS 100

(Agreed / Assessed)

BOLA S/N No.:

Repair Cost:

SS 2761.44

(18 days)

x \$117

Loss of Rental (LOR):

SS

(S x 8 days)

Loss of Use (LOU):

SS

(S 40 x 8 days)

Loss of Income (LOI):

SS 770

(S 40 x 8 days)

LOR only

LOU only

LOR + LOU

LOR + LOU

(Tick only one)

GIA/LTA Search

SS

Medical:

SS

(e.g. Tow/Independent)

Disbursement:

SS

Legal Cost

SS

Total:

SS 6594.89

Global Sum \$:

6000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

SS 6000.00

Name 1:

Ding Automotive Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

Confirm by:

Tawhich

Email

Call

Email

Call

If NO or B 28, Ass. Lia:

OI hit TP from the back.

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

#2501-

Email

Call