15/5/2010

INS. CASE OWNER: PRIYA | CC4 /III1900 0749 / 4 hb 19 | LKK: IDAC:

ASSIGNMENT

Surveyor: Mahrms DOI: 4/1/19 Date / Time : 11/1/19

Registered in Merimen: 14/1/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4295J. Claim No. : HCT19010270

Name of Insured : CTPV Policy No. : MLIM0015

Insured Tel No. : HP: Make / Model : MITSUBISHI

Excess Sec II :S$ D.O.A : 11/1/19. Place of Accident : PASIR RIS 3

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : MOHSHAN BIN MOHAMED NOOR. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SME 6117M → → →

INSRS: KAH MOTOR
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SME 6117M — SHB 4295J —
16/1/19	
VIZ	
17/01/19	- PLUS REVIEWED. OID REAR-ENDED TP. LOOK LIABILITY MANDATE TO III.
	- TP VIDEO IN. V DRIVE / VIC / GMCGRITH.
	- FORWARDED TO III BY EMAIL
22/01/19	- III ACKED B/S.
23/01/19	- EMAIL LIABILITY CLEAR
	- MINUTED.
	- ORIGINAL TP LOD IN
16/05/19	- TPPD REPORT FOR MANDATE APPROVAL
	- REPORT DONE
22/05/19	- SEEK MANDATE APPROVAL
23/05/19	- III APPROVED MANDATE
	- SEND ACCEPTANCE EMAIL TO TP.
30/05/19	- ALL DOCS IN ORDER. TO CLOSE

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:	

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: T/P S$ 7,597.72 (7 days) Reduction: 25 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 23/05/19 Confirm with DOCHOND Email / Call [ ]

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: (w/GST) S$ 8,129.56 COID REAR-ENDED TP

Loss of Rental (LOR): S$ — (days)

Loss of Use (LOU): S$ 420.00 60 x 7 days)

Loss of Income (LOI): S$ — ($ x days)

LOR only [ ] LOU only / LOR + LOU [ ] LOR + LO [ ] **[Tick only one]**

GIA/LTA Search S$ —

Medical: S$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: 4500.00

Total: S$ 8,549.56 **Global Sum S$:** —

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 8,549.56	Name 1:	KAH MOTOR CO SDN BHD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—