

15/5/2010

INS. CASE OWNER:

JACWIN

CC 3/AIG1900

1827 E / 1/13

LKK:

IDAC:

Surveyor:

STEVE

DOI:

ASSIGNMENT
20/01/19

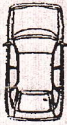
Date / Time:

28/1/19

Registered in Merimen:

28/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

847792A

Claim No.:

8177777 679756

Name of Insured:

PATE SAL BIN AHMAD SAID BINTALIB

Policy No.:

2100510216-01

Insured Tel No.:

HP:

Make / Model:

MAZDA

Excess Sec II :SS

D.O.A.:

24/1/19

Place of Accident:

JUNC 4 SIKHAB RD K
BAST WAST AD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

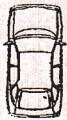
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SYM 211C



INSRS:

WSP:

Tel:

Liability:

RMKS:

performance



INSRS:

WSP:

Tel:

Liability:

RMKS:



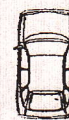
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SYM 211C - x	Non-Reporting ltr (1st):	
	477792A - x	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI: 20/01/19 - 301	
		After call ltr to OI: 20/01/19 - UIC	
		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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	SS 2,710.85 (3 days)	Reduction: 17 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/06/19	Confirm with: CAROLINE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	27
Repair Cost: (w/gst)	SS 2,900.61		COI - 2042-6060 (P)
Loss of Rental (LOR):	SS - (days)		
Loss of Use (LOU):	SS 180.00 x 3 days		
Loss of Income (LOI):	SS - (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	SS 2.00		
Medical:	SS -		
Disbursement:	SS - (e.g. Tow/ Independent)		
Legal Cost	SS -		
Total:	SS 3,082.61	Global Sum S\$:	-
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS 2,902.61	Name 1:	PERFORMANCE MOTORS LIMITED
Payee 2: (Strike if N.A.)	SS 180.00	Name 2:	LAW SOON KHIM
Payee 3: (Strike if N.A.)	SS -	Name 3:	-