1/5/2010

INS. CASE OWNER: SUNDARI | CC 4, 111 1900 2708, R ha3 9

LKK:

IDAC:

ASSIGNMENT

Surveyor: RASUL | DOI: 18/02/19 | Date / Time : 12/2/19

Registered in Merimen: 13/2/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHD 4753T	Claim No. :	MOT19020207
Name of Insured :	CYPL	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 8/2/19	Place of Accident :	West Coast Highway
Is driver the owner? (YES / NO) [NO circled]		Nature of Accident :	
If **NO**, Driver Name / Age :		OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]	
Driver Tel No. :	(V/L: YES / NO) [YES circled]	Insured Liability : %	**Final ? Yes / No**

SLH 6346D → → →

INSRS: WSP: Kah Motor Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
18/2	SLH6346D - X ;
	SHD4753T - CW/1111/70196991/402927 ; DOA: 9/10/17.
	- NA/INC1 6011295/ ... ; DOA: 17/6/16
14/02/19	- MVE RECEIVED. OID REAR-ENDED TP
	- SEEK LIABILITY MANDATE
	- III ACCEPTED O/S.
15/02/19	- EMAIL LIABILITY CLEAR
	- FINALISED
	- TP LOD IN BY EMAIL
02/05/19	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
03/05/19	- SEEK MANDATE TO III BY MERIMEN
	- III APPROVED MANDATE
07/05/19	- SEND ACCEPTANCE EMAIL TO TP
14/05/19	- RECEIVED DV. ALL DOCO 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/L	S$ 7,549.71 (5 days)	Reduction: 51 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/05/19	Confirm with DESMOND	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) [Agreed circled]	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/ GST)	S$ 8,078.19		(OID REAR-ENDED TP)
Loss of Rental (LOR):	S$ 480.00 (4 days) @120		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☑	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ —		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle [Normal circled]
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $600.00
Total:	S$ 8,558.19	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 8,558.19	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: —	