

15/02/2010

INS. CASE OWNER:

NORWAYH

CC 4/AIG1900

V82, A 263

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

21/02/19

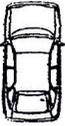
Date / Time:

18/2/19

Registered in Merimen:

18/2/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SML 3A734

Claim No. :

98571708236

Name of Insured :

GOLDREX CAR RENTAL P/L

Policy No. :

C

Insured Tel No. :

HP:

Make / Model :

Toyota

Excess Sec II :\$

D.O.A :

20/1/19

Place of Accident :

near of ARANMUTU RD k  
Paya Ubar Rd.

Is driver the owner? ( YES / NO )

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

ONG KONG HAO (MANG UMUKHO)

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

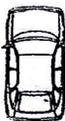
Final ? Yes / No

SID 12715



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

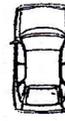
Custom  
Spray



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI: <b>10/2/19 - 201</b>	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
10-4-19	After call ltr to OI: <b>NO UPDATE</b>	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
10-4-19	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
21/02/19	LTA / GIA :	<input type="checkbox"/>
09/10/19	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
25-4-19	Mandate/Reject Instruction:	<input type="checkbox"/>
22/10/19	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Send By: <b>Reject Case</b>
		By (staff) : <b>Jos</b>
<b>FINALIZATION</b>	Date/Time:	Confirm with: <b>FRANCIS</b>
Repair Cost: <b>US</b>	\$S <b>1,100.00</b> (3 days) Reductions: <b>73</b> : <b>24.05/19</b>	Confirm by: <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>21/10/19</b> Confirm with: <b>FRANCIS</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <b>20</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :
Repair Cost:	\$S <b>1,100.00</b> - <b>\$220</b>	
Loss of Rental (LOR):	\$S <b>---</b> ( days)	
Loss of Use (LOU):	\$S <b>300.00</b> \$100 x <b>3</b> days - <b>\$60</b>	<b>NO OI UPDATE TO LIABILITY @ 20%.</b>
Loss of Income (LOI):	\$S <b>---</b> (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	\$S <b>---</b>	
Medical:	\$S <b>---</b>	
Disbursement:	\$S <b>---</b> (e.g. Tow / Independent)	1) Claim status: <b>Normal</b> / Reject / Private Settle
Legal Cost	\$S <b>---</b> @ <b>20%</b>	2) Report Format:
<b>Total:</b>	\$S <b>1,400.00</b> Global Sum \$S: <b>200.00</b>	3) Survey fee: <b>\$320.00</b>
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with: <b>CUSTOM SPRAY PAINTING PTE LTD</b>
Payee 1:	\$S <b>280.00</b> Name 1:	
Payee 2: (Strike if N.A.)	\$S <b>---</b> Name 2:	
Payee 3: (Strike if N.A.)	\$S <b>---</b> Name 3:	