

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1900

LKK:

IDAC:

Surveyor:

fa lvin

DOI:

ASSIGNMENT

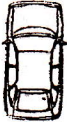
Phn/ln

Date / Time:

4/5/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

6Y 56UP

Claim No.:

SNM 19D201036

Name of Insured:

TAKAI YAMA NIK-CON ENGINEERING

Policy No.:

DMCRSN 603137181x

Insured Tel No.:

HP:

Make / Model:

Nissan

Excess Sec II :\$S

D.O.A.:

1/7/19

Place of Accident:

MIE TMS ECP

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: TOH WEI LOON

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

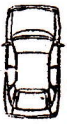
Final ? Yes / No

unknown

unknown

6Y 56UP

SHL 1977P



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHL 1977P-X

6Y 56UP-X

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:

05/05/19-JK

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: 05/05/19

Sent By: 63

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$ 1,004.05

(2 days) Reduction:

50

%

Email

Call

FINAL SETTLEMENT

Date/Time:

15/05/19

Confirm with:

WILKIN

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

28

If NO or B 28, Ass. Lia:

0%

Repair Cost:

(W/LOU)

S\$ 1,074.23

Loss of Rental (LOR):

S\$ 438.90

(3.5 days) X

P75.40

Loss of Use (LOU):

S\$ 175.05

50 x

3.5 days)

Loss of Income (LOI):

S\$ -

(\$ x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$ 7.49

Medical:

S\$ -

Disbursement:

S\$ -

Legal Cost

S\$ -

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

S\$ 1,695.72

Global Sum S\$:

1,690.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 1,690.00

Name 1:

COMFORTDELARO ENGINEERING PTB LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-