

15/5/2010

INS. CASE OWNER:

CC 6/LPC1900

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

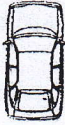
21/7/19

Date / Time :

21/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLU 3460H

Name of Insured :

Rashid Bin Ali

Insured Tel No. :

HP:

26/7/19

Excess Sec II :\$

D.O.A :

Claim No. :

19/11/19/05/0495

Policy No. :

21906000008

Make / Model :

FIAT

Place of Accident :

BARI BUKIT KID

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

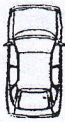
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SEE 2541K



INSRS:

WSP:

Tel :

Liability :

RMKS:

KANG



INSRS:

WSP:

Tel :

Liability :

RMKS:



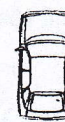
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SEE 2541K - y	Non-Reporting ltr (1st):	
	SM 3460H - y	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:

49

S\$

2,550.00

(5

days)

Reduction:

43

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

08/11/19

Confirm with

STATION

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

(w/600)

S\$

2,728.50

COI REPAIR-ENDED TP)

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

720.00

x 6

days)

LOANER CAR

Loss of Income (LOI):

S\$

-

(S

x

days)

LOR only ☐LOU only ☒LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

450.50

Total:

S\$

3,450.50

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

3,450.50

Name 1:

KANG CAR REPAIRERS PTB LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-