

INS. CASE OWNER:

CHAN KIAN HONG

CC 4 / ALH 1900 8053 , U h3

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

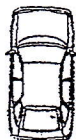
7/5/19

Registered in Merimen:

7/5/19

Pre-assign / CCU / FTE

SJJ 5984 G



Insured Vehicle No.:

Claim No.:

60132600706

Name of Insured:

ABDUL HAYAT B. RAMADAN

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

6/5/2019

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

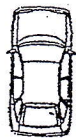
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SJJ 3252 J



INSRS:

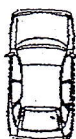
WSP:

Tel:

Liability:

RMKS:

Precise Auto



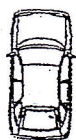
INSRS:

WSP:

Tel:

Liability:

RMKS:



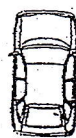
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

SJJ 3252 J - x

SJJ 5984 J - 06/11/1501000000 / 11/20/19, 0004/15/15

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

26/07/19 - vic

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:

26/07/19

- PLUS KONTAK. OI KONTAK - ENDER TP.

- SEND LETTER IN BULK TO OI TO NOTIFY

- TP CLAIM IN NCD ISSUES.

- MINAUGED

- ORIGINAL TP LOD IN

10/10/19

- UPLOAD IA IN INFORMATION

- MIG APPROVED WARRANT

11/10/19

- SEND 1ST OFFER TO TP

- TP ACCEPTED OFFER.

- ALL DONE IN ORDER

- TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

LH

S\$ 3,600.00 (6 days) Reduction: 12 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss)

S\$

3,852.00

Loss of Rental (LOR):

S\$

700.00

(7 days)

x \$100.00

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\$

8.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$

4,560.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

4,560.00

Name 1:

PRECISE AUTO SERVICE

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-