

INS. CASE OWNER:

NORSAH

CC 4 /AIG1900

9987, B162

LKK:

IDAC:

Surveyor:

MR LIM

DOI:

ASSIGNMENT

06/06/19

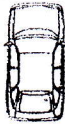
Date / Time :

6/6/19

Registered in Merimen:

6/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLM 7392L

Name of Insured :

NORSAH BINTE AHMAD NORSAH

Insured Tel No. :

HP:

D.O.A : 28/5/19

Excess Sec II :\$S

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO. Driver Name / Age : RITU JIYAN BENNY LEBASELAW

Driver Tel No. :

(V/L YES / NO)

Claim No. :

9542492588561

Policy No. :

2100906545-0V

Make / Model :

MERCEDES

Place of Accident :

RUE

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

Insured Liability : %

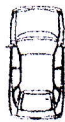
Final ? Yes / No

SLR 18675

SLM 7392L

SFP 1610H

SHA 16375

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS: Team Auto Pro
WSP:
Tel :
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
18/6/19	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
17/6/19	Documentation Check List: Handler Typist	
15/10/19 18/10/19	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: LTA DENIED	

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: NETT VALUE \$S 6,000.00	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/10/19	Confirm with: ADOL
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 78		Email ☒ Call ☐
Repair Cost: NETT VALUE \$S 6,000.00		If NO or B 28. Ass. Lia : 0% (7 VEH. CO., OLB 3RD)
Loss of Rental (LOR): \$S (days)		
Loss of Use (LOU): \$S 840.00 x 14 (days)		
Loss of Income (LOI): \$S (S x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$S 7.45		
Medical: \$S		
Disbursement: TOWING \$S 120.00 (e.g. Tow/ Independent)		
Legal Cost \$S		
Total: \$S 7,027.45	Global Sum \$S: 7,020.00	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1: \$S 7,020.00	Name 1: TEAM AUTO PRO PTB LTD	Email ☐ Call ☐
Payee 2: (Strike if N.A.) \$S	Name 2: -	
Payee 3: (Strike if N.A.) \$S	Name 3: -	