

15/5/2010

INS. CASE OWNER:

Bennil

CC 4/AIG190

10/6/19, K. H. P.

LKK:

IDAC:

Surveyor:

bse

DOI:

ASSIGNMENT

11/6/19

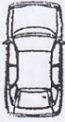
Date / Time :

10/6/19

Registered in Merimen:

11/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SUB 3A41L.

Name of Insured :

YONG MENG.

Insured Tel No. :

HP:

Excess Sec II : \$\$

D.O.A :

6/6/19

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

MERCEDES.

Place of Accident :

KEONIU LUSE

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

SJR 195K



INSRS:

WSP:

Tel :

Liability :

RMKS:

Guan motor



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

13/12/19

SJR 195K - 1

SUB 3A41L - 1

Spoken to 1. confirmed my
don't have any accident video scene
photos. said can't talk as he seas.

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:

22/10/19

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: LSUM

SS 2450.00

(3 days) Reduction:

48 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

SS 50

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

If NO or B 28, Ass. Lia :

Repair Cost: 2450.00

SS 225.00

Loss of Rental (LOR):

SS

(days)

Loss of Use (LOU):

4w-00s 200.00

(\$ 100 x 4 days)

Loss of Income (LOI):

SS

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

7.45

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

#320.00

Total:

SS 1432.45

Global Sum SS: 1450.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS 1450.00

Name 1:

Guan Motor Works

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3: