

15/5/2010

INS. CASE OWNER:

100 CHIT YAN | CC 4 /AIG1901 1264, 466352

LKK:

IDAC:

Surveyor:

MARUW

DOI:

ASSIGNMENT

26/6/19.

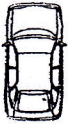
Date / Time :

26/6/19.

Registered in Merimen:

26/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SDS 7117D.

Name of Insured :

LIEW KAT ROWENA

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

26/6/19.

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

45116480456

Policy No. :

2100453903-03

Make / Model :

Mazda

Place of Accident :

TPE TMS RPE

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

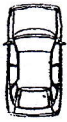
%

Final ? Yes / No

SDS 7117D

SJZ 82616

SMF 7133T



INSRS:

WSP:

Tel :

Liability :

RMKS: 01



INSRS:

WSP:

Tel :

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		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:	09/07/19 - 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:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	46	SS 12,500.00 10 days) Reduction: 67 %
FINAL SETTLEMENT	Date/Time: 08/09/19	Confirm with: SHAWN
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 78
Repair Cost:	SS 12,500.00	
Loss of Rental (LOR):	SS -	(days)
Loss of Use (LOU):	SS 510.00	x 9 days)
Loss of Income (LOI):	SS -	(\$ x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]
GIA/LTA Search	SS 60.49	
Medical:	SS -	
Disbursement:	SS -	(e.g. Tow/ Independent)
Legal Cost	SS -	
Total:	SS 13,090.49	Global Sum SS: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS 13,090.49	Name 1: IMPERIUM AUTOMOTIVE
Payee 2: (Strike if N.A.)	SS -	Name 2: -
Payee 3: (Strike if N.A.)	SS -	Name 3: -

URGENT