

15/5/2010

INS. CASE OWNER:

BENNIE TAN | CC 6 /AIG1901 2060, Uhb39

LKK:

IDAC:

Surveyor:

MIRMS

DOI:

ASSIGNMENT

15/8/19

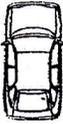
Date / Time:

15/8/19

Registered in Merimen:

15/8/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKX W575-

Claim No.:

0107920156

Name of Insured:

ONG ENG KAT

Policy No.:

200445953-01000

Insured Tel No.:

HP:

Make / Model:

MARDA

Excess Sec II :\$\$

D.O.A.:

12/8/19

Place of Accident:

KPE

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SEAM WELHAM EDWARD

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

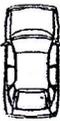
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

JSR 1131



INSRS:
WSP: PARELLA
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



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:	
29/08/19	After call ltr to OI:	29/08/19 - UK
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: L16	SS 10,050.00 (8 days) Reduction: 70 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 21/12/20 Confirm with: SHIVING		
Final Liability:	% 80 (Agreed / Assessed) BOLA S/N No.:	NIL
Repair Cost: (w/LOD)	SS 10,753.80	- 48,602.80
Loss of Rental (LOR):	SS () days	
Loss of Use (LOU):	SS 100.00 (\$ 10 x 10 days)	FOREIGN - \$ 320.00
Loss of Income (LOI):	SS (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	SS 2.00	- \$ 2.00
Medical:	SS -	
Disbursement:	SS - (e.g. Tow/ Independent)	
Legal Cost	SS -	TOTAL 48,924.80
Total:	SS 11,155.50	Global Sum SS: 9,000.00
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	SS 9,000.00	Name 1: PARELLA AUTO PTG LTD
Payee 2: (Strike if N.A.)	SS -	Name 2: -
Payee 3: (Strike if N.A.)	SS -	Name 3: -