

15/5/2010

INS. CASE OWNER:

CC 6 / CT11901 3973, UMB3

LKK:

IDAC:

Surveyor:

MARUMS

DOI:

ASSIGNMENT

17/8/19

Date / Time:

17/8/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

PC 8744H

Name of Insured:

EMR TRANSPORT

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

6/8/19

Is driver the owner?

( YES / NO )

Nature of Accident:

Claim No.:

6NM19D203779

Policy No.:

DMB18W203779 + 51900

Make / Model:

TUGATA

Place of Accident:

JUNE OF YISHAN MNB

If NO, Driver Name / Age: ZULKARNAIN BIN MOHAMMED ROSOL

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SLG 21514



INSRS:

WSP:

Tel:

Liability:

RMKS:

FATUM



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date / Time |                                                                                                   | STAGE                             | DATE / PIC                          |
|-------------|---------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|
|             | SLG 21514 - X                                                                                     |                                   |                                     |
|             | PC 8744H - X                                                                                      |                                   |                                     |
| 18/09/19    | - PLUS REVIEWED. OLD RATE - ENDED TP. SEND LETTER IN BULK TO OI TO NOTIFY TP CLAIM IN NCD ISSUES. | Non-Reporting ltr (1st):          |                                     |
|             |                                                                                                   | Non-Reporting ltr (2nd):          |                                     |
|             |                                                                                                   | Non-Reporting ltr (Final):        |                                     |
|             |                                                                                                   | Notification ltr (if non-pickup): |                                     |
|             |                                                                                                   | Call OI:                          |                                     |
|             |                                                                                                   | After call ltr to OI:             | 18/09/19 - VIC                      |
|             |                                                                                                   | Documentation Check List:         | Handler Typist                      |
|             |                                                                                                   | Notification ltr (if non-pickup)  | <input type="checkbox"/>            |
|             |                                                                                                   | After call ltr to OI:             | <input checked="" type="checkbox"/> |
|             |                                                                                                   | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|             |                                                                                                   | Release Voucher:                  | <input checked="" type="checkbox"/> |
|             |                                                                                                   | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|             |                                                                                                   | Car Rental Invoice:               | <input type="checkbox"/>            |
|             |                                                                                                   | Towing Invoice:                   | <input type="checkbox"/>            |
|             |                                                                                                   | LTA / GIA:                        | <input checked="" type="checkbox"/> |
|             |                                                                                                   | Medical Bill:                     | <input type="checkbox"/>            |
|             |                                                                                                   | PIR:                              | <input type="checkbox"/>            |
|             |                                                                                                   | Mandate/Reject Instruction:       | <input type="checkbox"/>            |
|             |                                                                                                   | LOD                               | <input checked="" type="checkbox"/> |
|             |                                                                                                   | Payment Breakdown Form:           | <input type="checkbox"/>            |
|             |                                                                                                   | Post-Repair Photos:               | <input type="checkbox"/>            |
|             |                                                                                                   | Others:                           | <input type="checkbox"/>            |

PRELIMINARY ADVICE Date/Time: 10/10/19 Sent By: VIC

| FINALIZATION                                                                                                                                                        | Date/Time:                             | Confirm with:                | Confirm by:                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|--------------------------------------------------------------|
| Repair Cost: LG                                                                                                                                                     | \$S 2,400.00 ( 4 days) Reduction: 89 % |                              | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT                                                                                                                                                    | Date/Time:                             | Confirm with:                | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: %                                                                                                                                                  | 100 (Agreed / Assessed) BOLA S/N No.:  | 27                           |                                                              |
| Repair Cost: (W/LGR)                                                                                                                                                | \$S 2,568.00                           |                              | COID RATE - ENDED TP                                         |
| Loss of Rental (LOR):                                                                                                                                               | \$S - ( days)                          |                              |                                                              |
| Loss of Use (LOU):                                                                                                                                                  | \$S 240.00 \$60 x 4 days               |                              | BELOW \$3K MANDATE                                           |
| Loss of Income (LOI):                                                                                                                                               | \$S - (\$ 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                                                                                                                                                      | \$S 2.00                               |                              |                                                              |
| Medical:                                                                                                                                                            | \$S -                                  |                              |                                                              |
| Disbursement:                                                                                                                                                       | \$S - (e.g. Tow/ Independent)          |                              |                                                              |
| Legal Cost                                                                                                                                                          | \$S -                                  |                              |                                                              |
| Total:                                                                                                                                                              | \$S 2,810.00                           | Global Sum \$S: 2,810.00     |                                                              |
| FINAL PAYMENT                                                                                                                                                       | Date/Time:                             | Confirm with:                | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                                            | \$S 2,810.00                           | Name 1: FASTOCH AUTO PTB LTD |                                                              |
| Payee 2: (Strike if N.A.)                                                                                                                                           | \$S -                                  | Name 2: -                    |                                                              |
| Payee 3: (Strike if N.A.)                                                                                                                                           | \$S -                                  | Name 3: -                    |                                                              |