

15/5/2010

INS. CASE OWNER:

JOEL GOH

CC4/EQ19015308/T1pa3

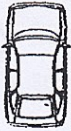
LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKHDOI: 28/08/2019Date / Time: 28/08/2019Registered in Merimen:

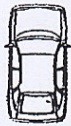
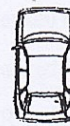
Pre-assign / CCU / FTE

Insured Vehicle No. : FBH 9038SClaim No. : DM19HO02372-JGName of Insured : ABDUL RAHMAT BIN MOHD NORPolicy No. : DMMPHQ19-000191Insured Tel No. : HP: +65-93846155Make / Model : HONDA CB400X-399CC

Excess Sec II : \$

D.O.A : 23/08/2019 21:35Place of Accident : JUNCTION OF KAKI BUKIT ROAD 4 & BEDOK RESERVOIR RDIs driver the owner? (YES / NO)Nature of Accident : If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No. : (V/L: YES / NO)Insured Liability : % **Final ? Yes / No**

SBS 6326Y

INSRS:
WSP: TOWER
Tel: TRANSIT
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	SBS 6326Y - X	FBH 9038S - X	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:	
			Documentation Check List:	Handy 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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>PIP</u>	\$S <u>7345.38</u>	(<u>6</u> days) Reduction: <u>26</u> %	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: <u>25/9/2020</u>	Confirm with: <u>Lynn</u>	Email ☐ Call ☐
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Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :
Repair Cost: <u>W/PA</u>	\$S <u>7859.56</u>		

Loss of Rental (LOR):	\$S <u> </u>	(<u> </u> days)	
Loss of Use (LOU):	\$S <u>1200.00</u>	(<u>200</u> x <u>6</u> days)	
Loss of Income (LOI):	\$S <u> </u>	(<u> </u> x <u> </u> days)	

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S <u>2.00</u>		
Medical:	\$S <u> </u>		

Disbursement:	\$S <u> </u>	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$S <u> </u>		2) Report Format: <u>Cap</u>
			3) Survey fee: <u>\$400.00</u>

Total:	\$S <u>9061.56</u>	Global Sum \$S: <u>9000.00</u>	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S <u>9000.00</u>	Name 1: <u>Tower Transit Singapore Pte Ltd</u>	
Payee 2: (Strike if N.A.)	\$S <u> </u>	Name 2:	
Payee 3: (Strike if N.A.)	\$S <u> </u>	Name 3:	