

15/5/2010

INS. CASE OWNER:

CC 6/AIG1901 5378, A 663

LKK:  
IDAC:

Surveyor: Adnan

DOI: ASSIGNMENT  
24/8/19

Date / Time : 24/8/19

Registered in Merimen: 30/8/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : SKG 1605G.  
Name of Insured : FON MING HANG.  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II : \$\$ \_\_\_\_\_ D.O.A : 24/8/19.  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : 82744926266  
Policy No. : 1700097257.  
Make / Model : KIA  
Place of Accident : TPR TO PASIR RIS

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**

SMT 595D



INSRS: First  
WSP: Autoworks  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP:  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP:  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP:  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<u>SMT 595D</u>	Non-Reporting ltr (1st):	
<u>SKG 1605G</u>	Non-Reporting ltr (2nd):	
<u>*01 HASVIDEO</u>	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	<u>14/11/19</u>
	<b>Documentation Check List: Handler Typist</b>	
	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 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"/>

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Confirm by: \_\_\_\_\_

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Repair Cost: 45 \$S 2,300 ( 4 days) Reduction: 64 % Email  Call

FINAL SETTLEMENT Date/Time: 8/7/2020 Confirm with Ronnie Email  Call   
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27  
Repair Cost: (6/450) \$S 2,461.00  
Loss of Rental (LOR): \$S - ( - days)  
Loss of Use (LOU): \$S 240 (\$ 60 x 4 days)  
Loss of Income (LOI): \$S - (\$ - x - days)  
LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
GIA/LTA Search \$S -  
Medical: \$S -  
Disbursement: \$S - (e.g. Tow/ Independent )  
Legal Cost \$S -  
Total: \$S 2,701 Global Sum \$S: 2,700  
1) Claim status: Normal/Reject/Private Settle  
2) Report Format: TP  
3) Survey fee: \$320

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$S 2,700.00 Name 1: 1st Autoworks Pte Ltd  
Payee 2: (Strike if N.A.) \$S \_\_\_\_\_ Name 2: \_\_\_\_\_  
Payee 3: (Strike if N.A.) \$S \_\_\_\_\_ Name 3: \_\_\_\_\_