

15/5/2010

INS. CASE OWNER: MOO CHH YAN | CC 4/AIG190 21990, Nba3LKC:
IDAC:

Surveyor:

NAZ

DOI:

ASSIGNMENT13/12/19

Date / Time:

13/12/19

Registered in Merimen:

13/12/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SMQ 7159LName of Insured : TAN LAI YN

Insured Tel No. :

HP:

Excess Sec II : \$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

9A057201750G

Policy No. :

19075004

Make / Model :

MARLEBES

Place of Accident :

SEMPANG BINTANG AVE

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

SKA 1161L

INSRS:

WSP:

Tel :

Liability :

RMKS:

LOGE
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SKA 1161L - 11/12/19 00:46 / 10/12/19</u>	Non-Reporting ltr (1st):	
	<u>SKA 1161L - 11/12/19</u>	Non-Reporting ltr (2nd):	
	<u>FINANCIAL (MIDNIGHT CASE)</u>	Non-Reporting ltr (Final):	
	<u>ORIGINAL TP LOG IN</u>	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	<u>28/01/2020 - JIC</u>
<u>28/01/2020</u>	<u>MUS REVIEWED. OI HIT THE REAR OF STATIONARY TP. SEND LETTER TO OI TO NOTIFY TP CLAIM & NCB ISSUES.</u>	Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
<u>28/01/2020</u>	<u>UPON TP LOG IN IN WORKSHOP</u>	Release Voucher:	<input checked="" type="checkbox"/>
<u>01/04/2020</u>	<u>TYPE REPORT FOR MANDATE APPROVAL</u>	Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input checked="" type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input checked="" type="checkbox"/>
<u>30/03/2021</u>	<u>SETTLED AND CLOSED / FILE IN DRAWER</u>	PIR:	<input checked="" type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input checked="" type="checkbox"/>
		Post-Repair Photos:	<input checked="" type="checkbox"/>
		Others:	<input checked="" type="checkbox"/>

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm by:	
FINALIZATION Date/Time:		Confirm with:		Confirm by:	
Repair Cost:	<u>L10</u> \$S <u>1,350.00</u> (<u>3</u> days) Reduction: <u>71</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>			
FINAL SETTLEMENT Date/Time: <u>29/03/2021</u> Confirm with <u>KAZALI</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>22</u>	If NO or B 28, Ass. Lia :			
Repair Cost:	<u>(W/LOD)</u> \$S <u>1,444.60</u>	<u>(OI HIT STATIONARY TP)</u>			
Loss of Rental (LOR):	\$S <u>701.70</u> (<u>6</u> days) x <u>\$116.95</u>				
Loss of Use (LOU):	\$S <u>-</u> (\$ x days)				
Loss of Income (LOI):	\$S <u>300.00</u> (\$ <u>50</u> x <u>6</u> days)				
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]					
GIA/LTA Search	\$S <u>7.19</u>				
Medical:	\$S <u>-</u>	1) Claim status: Normal/Reject/Private Settle			
Disbursement:	\$S <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>			
Legal Cost	\$S <u>-</u>	3) Survey fee: <u>\$320.00</u>			
Total:	\$S <u>2,453.69</u> Global Sum \$S: <u>2,450.00</u>				
FINAL PAYMENT Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S <u>2,450.00</u> Name 1: <u>COMFORT DELARO ENGINEERING PTE LTD</u>				
Payee 2: (Strike if N.A.)	\$S <u>-</u> Name 2: <u>-</u>				
Payee 3: (Strike if N.A.)	\$S <u>-</u> Name 3: <u>-</u>				