

15/5/2010

INS. CASE OWNER:

CC 4/111 2000 2450 / Aps3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

12/2/2020

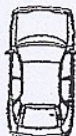
Date / Time:

11/2/2020

Registered in Merimen:

12/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 1634P

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

11/2/2020

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

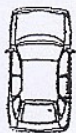
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SLJ 14256



INSRS:

WSP: N-51

Tel:

Liability:

RMKS:



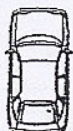
INSRS:

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:	
	After call ltr to OI:	
	Documentation Check List:	Handler 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:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 4/5	SS 7300.00 (8 days) Reduction: 55 %		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email:	Call:
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	14/1/2020	Phu Xan	☐	☐
Repair Cost: 4/6/7	SS 7811.00			
Loss of Rental (LOR):	SS 900.00 (9 days) x 100.00			
Loss of Use (LOU):	SS = (\$ x days)			
Loss of Income (LOI):	SS = (\$ x days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	SS 7.45			
Medical:	SS =			
Disbursement:	SS 100.00 (e.g. Tow/ Independent)			
Legal Cost	SS =			
Total:	SS 8812.45	Global Sum SS: 8800.00		

FINAL PAYMENT	Date/Time:	Confirm with:	Email:	Call:
Payee 1:	SS 8800.00	Name 1: N-51 Automotive Pte Ltd	☒	☐
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		