

INS. CASE OWNER:

CC 4 / LPE 2000 4649 / T1 ds3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Taufik

DOI:

30/3/2020

Date / Time:

26/3/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 4423M

Claim No. : _____

Name of Insured : WONG YIH JUINN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 10/3/2020

Place of Accident : _____

Is driver the owner? (YES ☐ NO ☒)

Nature of Accident : _____

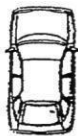
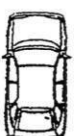
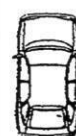
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

SMK 2984K

INSRS:
WSP: Kah Motor
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLF 4423M : CSB / MSG16019725 / Sgh3s2, DOA: 15/10/16
SMK 2984K : 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: 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: S\$ 4,585.18 (6 days) Reduction: 41 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/08/2020 Confirm with Desmond

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: (w/GST) S\$ 4,906.14

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 540.00 (\$ 60 x 9 days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ -

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

1) Claim status: Normal/Reject/Private Settlement

2) Report Format: TP

3) Survey fee: \$400

Total: S\$ 5,446.14

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 5,446.14

Name 1: Kah Motor Co. Sdn. Bhd.

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: