15/5/2010

INS. CASE OWNER:

CC6/III20010847/Uba3

LKK:

IDAC:

ASSIGNMENT

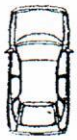
Surveyor: MARCUS

DOI: 08/10/2020

Date / Time : 08/10/2020

Registered in Merimen: 08/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJY 7640G

Name of Insured : NOR AZMI BIN AHMAD

Insured Tel No. : HP:

Excess Sec II :S$

D.O.A : 19/09/2020 21:00

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age : NOR ANIQ BIN NOR AZMI

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : D20MPC0005293

Make / Model : MITSUBISHI LANCER 1.5EX ELEGANCE AT D/AB

Place of Accident : PUNGGOL WAY TWDS TPE

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

Insured Liability : % **Final ? Yes / No**

FX 1181G →

INSRS:
WSP: EROFIA
Tel : MOTOR
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FX 1181G SJY 7640G NA/III20010090/z4 ; 19.09.2020
	Reject Case By (staff) : Jasper Approved by : Yun Date : 05-11-20
05/11/2020	REJECT TP CLAIM

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: L/S S$ 2,100.00 (4 days) Reduction: 61.46 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x 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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	