15/5/2010

INS. CASE OWNER: OH Vale

CC4/ASM22005321/Upa3

LKK:

IDAC: 263815

ASSIGNMENT

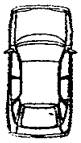
Surveyor: MARCUS

DOI: 02.06.2022

Date / Time : 2.6.22

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 9596U

Claim No. : S2M042HV

Name of Insured : SAHARI BIN MOHAMED NOR

Policy No. : GA446361

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 25/05/2022 13:00

Place of Accident : CIQ, MALAYSIA

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age : SAHARI BIN MOHAMED NOR

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

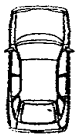
Driver Tel No. :

(V/L: YES / NO)

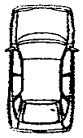
Insured Liability : %

Final ? Yes / No

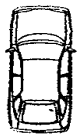
SMC 5419Z → → →



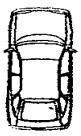
INSRS:
WSP: NINETEEN AUTOWERKS PTE. LTD.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMC 5419Z	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/ASM21001765/Upa3q2 16/07/2021 SMC 5419Z SHA 3833T 29/01/2021 19/07/2021 HMK CS3/FCI19005180/Gcd3s2 03/04/2019 SMC 5419Z SHB 3681J 20/03/2019 08/04/2019 EST1 1	Non-Reporting ltr (1st):	
SLE 9596U - X		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/SUM S$ 2,300.00 (3 days) Reduction: 79 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time 09/12/2022 Confirm with Vessie Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,300.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 300.00 ($$100 x 3 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$ 7.45		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 2,607.45	**Global Sum S$:** 2,600.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 2,600.00	Name 1:	NINETEEN AUTOWERKS PTE. LTD.
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	