15/5/2010

INS. CASE OWNER: CC4/LPC22011217/Rpa3q2

LKK:

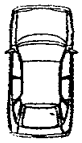
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: Date / Time : 09/11/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YQ 9696Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

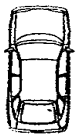
Excess Sec II :S$ D.O.A : 07/11/2022 17:30 Place of Accident : WOODLANDS AVE 4

Is driver the owner? (YES / NO) Nature of Accident :

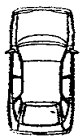
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

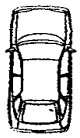
SMW 307R → → →



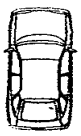
INSRS:
WSP: Kah Motor
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMW 307R - X			
YQ 9696Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (1st):	
	CC3/EQI19006035/K1ga3q2 06/03/2020 SHA 4519U YQ 9696Y 03/04/2019 19/03/2020 LSP	Non-Reporting ltr (2nd):	
	NA/LIP19005755/z4 01/04/2019 CHAN WHYE MENG SMJ 673B YQ 9696Y 01/04/2019 04/04/2019 HZT	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: P/P S$ 10,923.71 (9 days) Reduction: 36 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/03/2023 Confirm with Desmond Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: 7% GST S$ 11,688.37

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

Loss of Use (LOU): S$ 720.00 ($ 60 x 12 days)

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

LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]

GIA/LTA Search S$ 2.00

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: $400.00

Total: **S$** 12,410.37 **Global Sum S$:**

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

Payee 1:	S$ 12,410.37	Name 1:	KAH MOTOR CO SDN BERHAD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	