

15/5/2010

INS. CASE OWNER:

TADA/KMYA

CC6 / III180 00331 / Ahs3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

02/01/18

Date / Time:

02/01/18

Registered in Merimen:

05/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4335C

Claim No. : HCT17120981

Name of Insured : CTPL

Policy No. : MCOM0015

Insured Tel No. : HP:

Make / Model : HYUNDAI I40

Excess Sec II : \$\$ D.O.A : 28/12/17

Place of Accident : RALESTIER RD

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

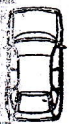
If NO, Driver Name / Age : HENG KOK KWAN

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

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

Insured Liability : % Final ? Yes / No

CTR 5830A

INSRS:
WSP: M3 Solution
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:

05/01/18 (v.c)

* NO ESTIMATE

* CLAIM EACH OTHER

* Video footage is taken by Adrian.

* BOTH CLAIMING EACH OTHER. RESORT

HANDLED THE OTHER CASE (OT)

25/01/18

* FILE PROPOSED. OLD REPORTED HE WAS

KARR. SAVED. TP REPORTED, OLD SUBPENSE

SUBPENSE IN STOPPED.

* GETS LIABILITY 4 OI COV FOOTAGE.

* OI COV IN MENTION. V PRUB/VIC/SHB4335C

* NO TP COV.

* TP COV IN. V PRUB/VIC/CTR 5830A

01/02/18

* III REPORTED RESORT.

02/02/18

* FORWARDED TP COV TO III TO

RESORTS LIABILITY.

* III WHITEN RESORT. BUNK TO TP

PRELIMINARY ADVICE Date/Time:

Sent By:

RESORT.

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: 45

\$\$

7,100.00

(6

days) Reduction:

A3

FINAL SETTLEMENT

Date/Time:

Confirm with:

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

Repair Cost:

\$\$

-

Loss of Rental (LOR):

\$\$

-

(

days)

Loss of Use (LOU):

\$\$

-

(\$

x

days)

Loss of Income (LOI):

\$\$

-

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

\$\$

-

Medical:

\$\$

-

Disbursement:

\$\$

-

(e.g. Tow/ Independent)

Legal Cost

\$\$

-

Total:

\$\$

Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

\$\$

-

Name 1:

Payee 2: (Strike if N.A.)

\$\$

-

Name 2:

Payee 3: (Strike if N.A.)

\$\$

-

Name 3:

Reject Confirm by:

v/c

Email ☐Call ☐

Approved by:

Email ☐Call ☐

Date:

05-02-18

If NO or B 28, Ass. Lia :

* RESORT TO CLAIM II

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00