

15/5/2010

INS. CASE OWNER:

KASHIOMAH

CC 3 /AIG1800

4390, F163

LKK:

IDAC:

Surveyor:

Fenneth.

DOI:

ASSIGNMENT

06/07/18

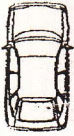
Date / Time:

6/7/18

Registered in Merimen:

7/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLB 5410M
 Name of Insured : RICHARD YONG PENT PENT
 Insured Tel No. : HP: 01/07/18
 Excess Sec II : \$\$ D.O.A : 01/07/18
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : 52984426257
 Policy No. :
 Make / Model : Mazon
 Place of Accident : LAMPAI RD

If NO, Driver Name / Age : YONG YONG ANN BRYNE

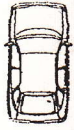
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

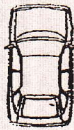
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

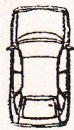
SHD 97775



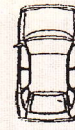
INSRS:
WSP:
Tel:
Liability:
RMKS:

Trans
Cab.

INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time		STAGE	DATE / PIC
6/7/18	SHD 97775 - X	Non-Reporting ltr (1st):	
7/7/18	SLB 5410M - Y	Non-Reporting ltr (2nd):	
19/12/18	Final Report Original TP LOB IN	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	19/12/18 - vic
		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:	☐

Reject Case

By (staff) : VIC

Approved by : YW

Date : 28/05/19

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 46	SS 4,400.00 (3 days)	Reduction: 81 %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% 0% (Agreed / Assessed)	BOLA S/N No. : 10a
Repair Cost:	SS -	
Loss of Rental (LOR):	SS - (days)	X\$ 101.46
Loss of Use (LOU):	SS - (\$ x days)	
Loss of Income (LOI):	SS - (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	SS 749	
Medical:	SS -	
Disbursement:	SS -	(e.g. Tow/ Independent)
Legal Cost	SS -	
Total:	SS	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS -	Name 1: -
Payee 2: (Strike if N.A.)	SS -	Name 2: -
Payee 3: (Strike if N.A.)	SS -	Name 3: -

Report TP CLAIM
TP FROM UNINSUR RD

1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee: \$ 320.00