

INS. CASE OWNER:

MBA

CC 3 / III 1800

4776

K1 W62/1

LKK:

IDAC:

Surveyor:

KASUL

DOI:

ASSIGNMENT
0210410

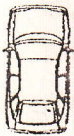
Date / Time:

12/7/18

Registered in Merimen:

12/7/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 5987K

Name of Insured:

CTRL

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A:

12/7/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MUNASIB BIN RASO

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

MCT18030391

Policy No.:

MLOM0015

Make / Model:

KUMONDAI

Place of Accident:

SUP RD FROM BADOEN RD TMS
WR 6 TOA PAYAH

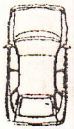
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SEV 4480A



INSRS:

WSP:

Tel:

Liability:

RMKS:

performance



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

14/7/18

VIC

SEV 4480A - 4

SHA 5987K - 4

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

VIC

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

\$2,136.40 (3 days) Reduction: 59 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.: 27

If NO or B 28, Ass. Lia:

Repair Cost:

\$2,285.95

COID REAR-ENDED TP

Loss of Rental (LOR):

\$ (days)

Loss of Use (LOU):

\$300.00 (\$100 x 3 days)

Loss of Income (LOI):

\$ (\$ x days)

LOR only ☐ LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

\$ -

Medical:

\$ -

Disbursement:

\$ -

(e.g. Tow / Independent)

Legal Cost

\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$350.00

Total:

\$2,585.95

Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$2,585.95

Name 1:

PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.)

\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

\$ -

Name 3:

-