

15/5/2010

INS. CASE OWNER:

Station

CC 4 / AXA1800

5201, T1 Wb3

LKK:

IDAC:

Surveyor:

Taufik

DOI:

ASSIGNMENT

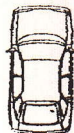
2/3/18

Date / Time:

2/3/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV 67452

Name of Insured : Ulu Tok Genuh

Insured Tel No. : HP:

Excess Sec II : S\$ D.O.A : 20/3/18

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

If NO, Driver Name / Age : ANEK DEYEN STEPHANE

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

Claim No. : 98m00BDM | 35767

Policy No. : 6869121

Make / Model : MITSUBISHI

Place of Accident : NEW UPP KHAMBI KO

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

Insured Liability : % Final ? Yes / No

SFY 38800



INSRS:

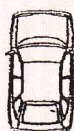
WSP:

Tel :

Liability :

RMKS:

Performance



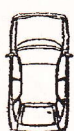
INSRS:

WSP:

Tel :

Liability :

RMKS:



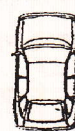
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

2/3/18
JC

SFY 38800-X

SKV 67452-X

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:

26/4/19 @ 2:46pm
- khandung

* smart claim

- pending investigation
can do do.- Spoken to OI. She confirmed the mva.
Informed OI on TP claim aware NCD will be
affected. OI informed that she has a
video and letter from police informing TP
was issued a warning for the mva.
* Pending: OI video + police letter / PIR

14/05/19 @

5:30pm

- spoke to CARLING. OWNER PAY FOR HIS
REPAIR. OWNER PROBABLY TO
SEEK CARRIER TO RECOVER PAY. SHE
CLOSED FILE IN HER END.
- SENT AXI TO CLOSE & SUBMIT WP
REPORT.

PRELIMINARY ADVICE

Date/Time: 23/03/18

Sent By: V3

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(5 days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

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

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$250.00

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: