

INS. CASE OWNER:

MDA

CC 6/III1800

6167, Uha3

LKK:

IDAC:

Surveyor:

Manning

DOI:

ASSIGNMENT

4/9/18

Date / Time:

4/4/18

Registered in Merimen:

4/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6741P

Claim No. : MGT 18030883

Name of Insured : C/P/L

Policy No. : MLDMD001

Insured Tel No. : HP: 26/3/18

Make / Model : H. 140

Excess Sec II :SS D.O.A. : 26/3/18

Place of Accident : Hongkong Ave 10

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

If NO, Driver Name / Age : CHA KGI WPH

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

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

Insured Liability : % Final ? Yes / No

SKV 6654C



INSRS: WSP: Chr mang. Tel: 12487 Liability: RMKS:



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Date/ Time		STAGE	DATE / PIC
6/4/18	SKV 6654C X, SHD 6741P X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
10/04/18	FILE REVIEWED. OLD REPORT ENDED TO.	Notification ltr (if non-pickup):	
	BOOK LIABILITY WARRANT.	Call OI:	nc
11/04/18	III REPORT IS	After call ltr to OI:	
19/04/18	BOOK LIABILITY CLERK.	Documentation Check List:	Handler Typist
	PINKSLIP.	Notification ltr (if non-pickup)	<input type="checkbox"/>
	ORIGINAL TP LOD IN.	After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
25/04/18	TYPE REPORT FOR WARRANT APPROVAL	Release Voucher:	<input checked="" type="checkbox"/>
	REPORT DONE.	Final Repair Bill:	<input checked="" type="checkbox"/>
02/05/18	BOOK WARRANT TO III BY WATSON	Car Rental Invoice:	<input checked="" type="checkbox"/>
04/05/18	III APPROVED WARRANT @ LOTR \$150X8 DAYS	Towing Invoice	<input type="checkbox"/>
08/05/18	SEND 1ST OFFER TO TP.	LTA / GIA :	<input type="checkbox"/>
	TP ACCEPTED OFFER. ALL BOOK IN ORDER.	Medical Bill:	<input type="checkbox"/>
	TO CLOSE	PIR:	<input type="checkbox"/>
	RECEIVED 26 APR 2018	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Send By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	US \$ 2,800.00	(5 days) Reduction:	25 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	27	If NO or B 28, Ass. Lia :	
Repair Cost:	US \$ 2,800.00			(OLD REPORT ENDED TP)	
Loss of Rental (LOR):	US \$ 750.00	(5 days) X \$ 150.00			
Loss of Use (LOU):	US \$ -	(\$ x days)			
Loss of Income (LOI):	US \$ -	(\$ x days)			
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	US \$ -				
Medical:	US \$ -			1) Claim status: Normal/Reject/Private Settle	
Disbursement:	US \$ -	(e.g. Tow/ Independent)		2) Report Format:	
Legal Cost	US \$ -			3) Survey fee:	\$350.00
Total:	US \$ 3,550.00	Global Sum US \$:	-		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	US \$ 3,550.00	Name 1:	CHIN MANG MOTORS		
Payee 2: (Strike if N.A.)	US \$ -	Name 2:	-		
Payee 3: (Strike if N.A.)	US \$ -	Name 3:	-		