

INS. CASE OWNER:

Stacey

CC 4, ASM 1800 6223, Aha3

LKK: 38121
IDAC:

ADRIAN

ASSIGNMENT

Surveyor:

DOI: 3-4-18

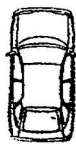
Date / Time:

3-4-18

Registered in Merimen:

Pre-assign / CCU / FTE

XE 319 X



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

AFRINAS BEN SAIFUDIN
83693912

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

S8m 00 CR 6

P158223

VOLVO

Steven close.

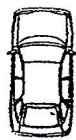
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

fx

SLA 212H



INSRS:

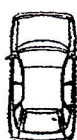
WSP:

Tel:

Liability:

RMKS:

LC Auto



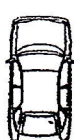
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
21/4/18	SLA 212H	Non-Reporting ltr (1st):	
21/4/18	XE 319 X	Non-Reporting ltr (2nd):	
21/4/18	XE 319 X	Non-Reporting ltr (Final):	
21/4/18	XE 319 X	Notification ltr (if non-pickup):	
21/4/18	XE 319 X	Call OI:	
21/4/18	XE 319 X	After call ltr to OI:	09/04/18 - vic
09/04/18 @ 2:10pm	CALL OI OFFICE. NO RESPONSE. PLUS	Documentation Check List: Handler	Typist
09/04/18	REQUIRE. OIP REQUIREMENT IN HIT PARKED	Notification ltr (if non-pickup)	
09/04/18	TP. SEND LETTER & BULK TO OI TO	After call ltr to OI:	
09/04/18	NOTIFY TP CLAIM IN NCB BOOKS.	Authorisation To Act:	
09/04/18	BULK LIABILITY CLAIM.	Release Voucher:	
09/04/18	FINISHED.	Final Repair Bill:	
09/04/18	TP LOD IN BY BULK	Car Rental Invoice:	
09/04/18	SEND MANDATE TO AXA BY AGU.	Towing Invoice	
09/04/18	TYPE REPORT.	LTA / GIA:	
09/04/18	AXA APPROVED MANDATE.	Medical Bill:	
10/04/18	SEND 1st OFFER TO TP.	PIR:	
10/04/18	TP ACCEPTED OFFER.	Mandate/Reject Instruction:	
21/04/18	KU BOB IN ORDER. TO CUST.	LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	US\$ 7,500.00	(6 days)	Reduction: 58 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 10/04/18	Confirm with: CHUG	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No.:	ML
Repair Cost:	US\$ 7,500.00			
Loss of Rental (LOR):	US\$ 600.00	(6 days)	X \$ 100.00	
Loss of Use (LOU):	US\$ -	(\$ x days)		
Loss of Income (LOI):	US\$ -	(\$ x days)		
LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]
GIA/LTA Search	US\$ -			
Medical:	US\$ -			
Disbursement:	US\$ -	(e.g. Tow/ Independent)		
Legal Cost	US\$ -			
Total:	US\$ 8,100.00	Global Sum SS:	-	
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	US\$ 8,100.00	Name 1:	LC AUTO MOTIVE	
Payee 2: (Strike if N.A.)	US\$ -	Name 2:	-	
Payee 3: (Strike if N.A.)	US\$ -	Name 3:	-	