

INS. CASE OWNER:

JG

CC 4/601 1800 7666, Khas

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

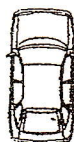
25/4/18

Date / Time:

24/04/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBH 1958P

Name of Insured:

ADVENTURE ENH. P/L

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

24/18

Is driver the owner?

(YES ☒ NO ☐)

Nature of Accident:

If NO, Driver Name / Age:

Subramaniam Karthikesan

Driver Tel No.:

91424480

(V/L: YES / NO)

Claim No.:

DM18H000849-JG

Policy No.:

DMCPH18.001451

Make / Model:

7-DYNA

Place of Accident:

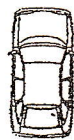
Junction of Jln Wangi & Mulberry Ave

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

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

Un Tan.



INSRS:

WSP:

Tel:

Liability:

RMKS:



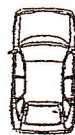
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

Date / Time	STAGE	DATE / PIC
2/5/18	Non-Reporting ltr (1st):	
2/5/18	Non-Reporting ltr (2nd):	
2/5/18	Non-Reporting ltr (Final):	
4/5/2018	Notification ltr (if non-pickup):	
4/5/2018	Call OI:	
4/5/2018	After call ltr to OI:	8/5/2018
4/5/2018	Documentation Check List: Handler	
4/5/2018	Documentation Check List: Typist	
4/5/2018	Notification ltr (if non-pickup)	
4/5/2018	After call ltr to OI:	
4/5/2018	Authorisation To Act:	
4/5/2018	Release Voucher:	
4/5/2018	Final Repair Bill:	
4/5/2018	Car Rental Invoice:	
4/5/2018	Flowing Invoice:	
4/5/2018	Medical Bill:	
4/5/2018	PIR:	
4/5/2018	Mandate/Reject Instruction:	
4/5/2018	LOD	
4/5/2018	Payment Breakdown Form:	
4/5/2018	Post-Repair Photos:	
4/5/2018	Others:	

PRELIMINARY ADVICE		Date/Time: 26/4	Sent By: JG
FINALIZATION		Date/Time:	Confirm with:
Repair Cost: L19	SS 21050.00 (4 days) Reduction: 28 %	Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	% (Agreed / Assessed) BOLA S/N No.:	Email ☐	Call ☐
Repair Cost:	SS -	If NO or B 28, Ass. Lia:	
Loss of Rental (LOR):	SS - (days)	CBOOTH TURNING	
Loss of Use (LOU):	SS - (\$ x days)	OIB WITHIN LAB, TP OVERTURNING	
Loss of Income (LOI):	SS - (\$ x days)	KOSKOTROD CEMAH	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	SS -		
Medical:	SS -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	SS - (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	SS -	3) Survey fee: \$400.00	
Total:	SS -	Global Sum SS:	
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:	-