

15/5/2010

INS. CASE OWNER:

Stacy

CC 4/AXA18010022, A h b b

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

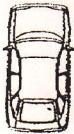
no 16/18

Date / Time :

4/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLQ 46786

Name of Insured :

MUKHAMMAD AZMUL BIN MUKHIB

Claim No. :

Semoalan / 49099

Policy No. :

GAWATOG

Insured Tel No. :

HP:

90110726

Make / Model :

Honda

Excess Sec II :\$

D.O.A :

15/5/18

Place of Accident :

TMS Checkpoint Bridge
most RIGHT LANE

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SLQ 316



INSRS:

WSP:

Tel :

Liability :

RMKS:

United
sg

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time

5/6/18

vic

25/07/18
@ 1:35pm14/08/18
16/08/18

07/06/18

SLQ 316 - 4

SLQ 46786 - 15/5/18 to 16/8/18

CAN DO BIG
\$ 5000000

BULK LIABILITY CLERK

SPONS TO OI. CONFIRMED ACCIDENT
DURING IN RATE-ENDED TP. INFORMED
TP CLAIM, AGREED TO SETTLE IN
MURDER NCD KINGS.

PINKETED

ORIGINAL TP LOD IN

UNPROCESSED WARRANT IA IN OC

AXA APPROVED WARRANT.

BANK ACCEPTANCE BULK TO TP

BO FORM IN. ALL BOCS IN ORDER
TO CLOSE.

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:

15/07/18 - vic

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: BO FORM

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

46

SS

4,250.00 (3

days)

Reduction:

49

%

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: (w/loss)

SS

4,547.50

Loss of Rental (LOR):

SS

1,000.00 (5

days)

x 4200.00

Loss of Use (LOU):

SS

-

(\$

x

days)

Loss of Income (LOI):

SS

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

7.45

Medical:

SS

-

Disbursement:

SS

-

Legal Cost

SS

-

Total:

SS

5,554.95

Global Sum SS:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

5,554.95

Name 1:

UNITED BG AUTOMOBILE PRS LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-