

15/5/2010

INS. CASE OWNER:

CC 4^{UP} 1801 0853, A j63/vLKK:
IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

4/6/18

Date / Time:

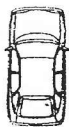
13/6/18

Registered in Merimen:

14/6/18

Pre-assign / CCU / FTE

SLP 2617J



Insured Vehicle No.:

Claim No.:

09847112556

Name of Insured:

UP

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Honda

Excess Sec II :SS

D.O.A.:

8/6/18

Place of Accident:

LIT TMS SLE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

RAMHAN BW SRMANNI

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

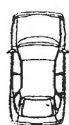
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SFE 508E



INSRS:

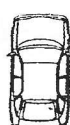
WSP:

Tel:

Liability:

RMKS:

Platinum



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
18/6/18	Non-Reporting ltr (1st):	
20/7/18	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	20420-6-18
27-7-18	After call ltr to OI:	
30-10-18	Documentation Check List: Handler Typist	
30-10-18	Notification ltr (if non-pickup)	
3-12-18	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:	
PRELIMINARY ADVICE Date/Time: Sent By: 23		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: \$S	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐		
Final Liability: %	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: \$S	9,000	
Loss of Rental (LOR): \$S	(days) 100	
Loss of Use (LOU): \$S	(S x days)	
Loss of Income (LOI): \$S	(S x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ [Tick only one]		
GIA/LTA Search \$S	7.45	
Medical: \$S		
Disbursement: \$S	(e.g. Tow/ Independent)	
Legal Cost \$S		
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:	

COPY SENT

UP

 1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee: 320 250