

INS. CASE OWNER:

CC 4 / Asm 180

11153, Uha3

LKK:

IDAC:

52368

ASSIGNMENT

Surveyor:

MARCOUS

DOI:

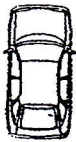
210618

Date / Time:

19-6-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GR 2516M

Name of Insured:

Jefson Events Management

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

15/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

Yong Chee Sheng
9086889

(V/L: YES / NO)

Claim No.:

SP MOOLIJ

Policy No.:

P0791847

Make / Model:

Nissan

Place of Accident:

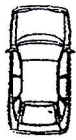
Hy Kran Bus

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

Insured Liability: %

Final ? Yes / No

SLN6324K



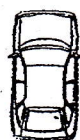
INSRS:

WSP:

Tel:

Liability:

RMKS:

Kah Motor
UBI

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

20/6
ML

SLN6324K-X; GR 2516M-X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 25/6/2018 - PR

After call ltr to OI: 25/6/2018 - OIC

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:

21/6/18

EMAIL LIABILITY CLERK

PINKUETD.

TP LOD IN BY EMAIL.

23/6/18

TYPE REPORT FOR UNAPPROVED

28/6/18

CHECK UNAPPROVED TO AXA BY SUBMITTING.

11/09/18

AXA APPROVED UNAPPROVED

GIVEN ACCEPTANCE EMAIL TO TP.

TP ACCEPTED OFFER

BY IN. ALL DOCS IN ORDER.

TO CLOSE.

PRELIMINARY ADVICE Date/Time: 22/06/18

Sent By: AS

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

S\$ 4,203.81

(4 days)

Reduction: 36%

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

22

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 4,498.09

Collided to stationary vehicle -

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

240.00 (\$ 60 x 4 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

\$350.00

Total:

S\$ 4,738.09

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

4,738.09

Name 1:

KAH MOTOR CO. SDN. BHD.

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-