

15/5/2010

INS. CASE OWNER:

CC 4/EQ1801

1981, R1663

LKK:

IDAC:

Surveyor:

RAJUL

DOI:

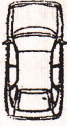
ASSIGNMENT
04/07/18

Date / Time:

M1618

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJL 7591H

Claim No.:

Name of Insured:

BREAM LENSING PIL

Policy No.:

0MCFHA 17-00444

Insured Tel No.:

HP:

Make / Model:

SUBARU

Excess Sec II :\$

D.O.A.:

1/6/18

Place of Accident:

BEE BY MANDAL EXIT

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: MOHAMMAD RAHUL BIN MOHID

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

Driver Tel No.:

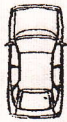
(V/L: YES / NO) PAKHAR

Insured Liability:

%

Final ? Yes / No

SLW 56410

INSRS:
WSP:
Tel:
Liability:
RMKS:che
EIAINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
7/7/18	SLW 56410 - X	Non-Reporting ltr (1st):	
	60 ACCIDENTS TO 4 CARRY DOWN.	Non-Reporting ltr (2nd):	
	TO FINISH COR.	Non-Reporting ltr (Final):	
	FINISHED	Notification ltr (if non-pickup):	
		Call OI:	04/07/18 - VIC
		After call ltr to OI:	
04/07/18	SPONSOR TO OI PIC WAS TYPING. SHE	Documentation Check List: Handler	Typist
	WAS INFORMED OF ACCIDENT DETAILS	Notification ltr (if non-pickup)	
	AND SHE WAS CHANGING CAR AT	After call ltr to OI:	
	THE TIME. INFORMED TP CLAIM 4	Authorisation To Act:	
	CARRYING 100000. SEND BULK 4	Release Voucher: NO BV	
	LETTER TO OI.	Final Repair Bill:	
	BULK LIABILITY CLERK.	Car Rental Invoice:	
	TP LOB IN BY BULK FROM SQ.	Towing Invoice:	
		LTA / GIA:	
20/05/19	SEND 1ST OFFER TO TP	Medical Bill:	
29/05/19	TP ACCEPTED OFFER.	PIR:	
	NO BV. ALL POC IN ORDER.	Mandate/Reject Instruction:	
	TO CLOSE.	LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE Date/Time: 04/07/18 Sent By: 63

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P1P \$4,408.00 (6 days) Reduction: 40 % Email ☐ Call ☐FINAL SETTLEMENT Date/Time: 29/05/19 Confirm with: LARRY Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :

Repair Cost: (w/60) \$4,716.56 (8 days) X \$100 (COLE CHANGING CAR)

Loss of Rental (LOR) (w/60) \$856.00 (8 days) ORIGINAL LOD w/ 60

Loss of Use (LOU): \$ - (\$ x days)

Loss of Income (LOI): \$ - (\$ x days)

LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]

GIA/LTA Search \$7.45

Medical: \$ -

Disbursement: \$ - (e.g. Tow/ Independent)

Legal Cost \$ -

Total: \$5,580.01 Global Sum \$: -

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1: \$5,580.01 Name 1: CYCLE 4 CARRYING KIA P1P LOD

Payee 2: (Strike if N.A.) \$ - Name 2: -

Payee 3: (Strike if N.A.) \$ - Name 3: -