

15/5/2010

INS. CASE OWNER:

PRIYA

CC 3 / III 1801

7/66, U H 639

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

ASSIGNMENT

25/07/18

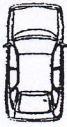
Date / Time:

19/7/18

Registered in Merimen:

19/7/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKA 7675G

Name of Insured:

LPL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

19/7/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SUKHMI B ISMAIL

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

HCT18070513

Policy No.:

MCOM2015

Make / Model:

MAYUNDAI

Place of Accident:

PIE TWS ENDOS BY EXIT.

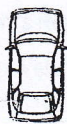
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLC 608mm

INSRS:
WSP:
Tel:
Liability:
RMKS:chc
FulcoINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time		STAGE	DATE / PIC
19/7/18	SLC 608mm x	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
21/07/18	PIE EQUIPMENT. OLD KMR-ENDED TP.	Call OI:	
	SEEK LIABILITY UPDATE TO III.	After call ltr to OI:	
	III ACKED BLS	Documentation Check List: Handler	Typist
25/07/18	BUILD LIABILITY CLERK	Notification ltr (if non-pickup)	
	FINANCED.	After call ltr to OI:	
	ORIGINAL TP LOP IN.	Authorisation To Act:	
26/10/18	TYPE REPORT FOR UPDATE APPROVAL	Release Voucher:	
	REPORT DONE	Final Repair Bill:	
10/12/18	SEEK UPDATE TO III BY SUBMISSION	Car Rental Invoice:	
17/12/18	III APPROVED UPDATE.	Towing Invoice	
17/12/18	SEND ACCEPTANCE BUILD TO TP.	ITA / GIA:	
08/01/19	ORIG. DV IN. ALL DOCS IN ORDER.	Medical Bill:	
	TO CLOSE	PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	
Repair Cost:	P1P	SS 8,971.00	(6 days) Reduction:	42 %
FINAL SETTLEMENT		Date/Time:	Confirm with:	
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	27
Repair Cost:	(w/60%)	SS 9,598.97		
Loss of Rental (LOR):	(w/60%)	SS 1,648.20	(7 days) x \$180.00	
Loss of Use (LOU):	SS -	(\$ x days)		
Loss of Income (LOI):	SS -	(\$ x days)		
LOR only	☒	LOU only	☐	LOR + LOU ☐ [Tick only one]
GIA/LTA Search	SS 7.15			
Medical:	SS -			
Disbursement:	SS -	(e.g. Tow/ Independent)		
Legal Cost	SS -			
Total:	SS 10,954.62	Global Sum S\$:		-
FINAL PAYMENT		Date/Time:	Confirm with:	
Payee 1:	SS 10,954.62	Name 1:	CICUS 4 CARRIAGE - FULCO MOTOR DEALER FOR UO	
Payee 2: (Strike if N.A.)	SS -	Name 2:	-	
Payee 3: (Strike if N.A.)	SS -	Name 3:	-	