

15/5/2010

INS. CASE OWNER:

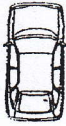
Kranichmann

CC 4/AXA1801

7878, #2163

LKK:
IDAC:Surveyor: AwkDOI: ASSIGNMENT
20/7/18Date / Time: 20/7/18
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.: SDE 69087Name of Insured: Ulm Hock wanh.Insured Tel No.: _____ HP: 9709692Excess Sec II :SS _____ D.O.A.: 20/7/18Is driver the owner? (YES / NO) Nature of Accident: _____If NO, Driver Name / Age: Tamh BannineDriver Tel No.: _____ (V/L: YES / NO)Claim No.: 88M00024 / 60253Policy No.: GA090704Make / Model: MITSUBISHIPlace of Accident: STEVEN KQ TMS DECKEN RDOI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability: _____ % Final ? Yes / No

SHE 264PINSRS: CDUE
WSP: in
Tel: _____
Liability: _____
RMKS: _____INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
<u>18/18</u>	<u>SHE 264P - x</u>	Non-Reporting ltr (1st):	
<u>18/18</u>	<u>SDE 69087 - x</u>	Non-Reporting ltr (2nd):	
<u>18/18</u>	<u>Smart Claim</u>	Non-Reporting ltr (Final):	
<u>18/18</u>	<u>Smart Claim</u>	Notification ltr (if non-pickup):	
<u>18/18</u>	<u>Smart Claim</u>	Call OI:	
<u>18/18</u>	<u>Smart Claim</u>	After call ltr to OI:	<u>18/18 - VC</u>
<u>18/18</u>	<u>Smart Claim</u>	Documentation Check List: Handler	Typist
<u>18/18</u>	<u>Smart Claim</u>	Notification ltr (if non-pickup)	☒
<u>18/18</u>	<u>Smart Claim</u>	After call ltr to OI:	☒
<u>18/18</u>	<u>Smart Claim</u>	Authorisation To Act:	☒
<u>18/18</u>	<u>Smart Claim</u>	Release Voucher:	☒
<u>18/18</u>	<u>Smart Claim</u>	Final Repair Bill:	☒
<u>18/18</u>	<u>Smart Claim</u>	Car Rental Invoice:	☒
<u>18/18</u>	<u>Smart Claim</u>	Towing Invoice	☒
<u>18/18</u>	<u>Smart Claim</u>	LTA / GIA:	☒
<u>18/18</u>	<u>Smart Claim</u>	Medical Bill:	☒
<u>18/18</u>	<u>Smart Claim</u>	PIR:	☒
<u>18/18</u>	<u>Smart Claim</u>	Mandate/Reject Instruction:	☒
<u>18/18</u>	<u>Smart Claim</u>	LOD	☒
<u>18/18</u>	<u>Smart Claim</u>	Payment Breakdown Form:	☒
<u>18/18</u>	<u>Smart Claim</u>	Post-Repair Photos:	☒
<u>18/18</u>	<u>Smart Claim</u>	Others:	☒

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____
FINALIZATION	Date/Time: _____	Confirm with: _____
Repair Cost: <u>815.18</u>	SS <u>815.18</u> (<u>2</u> days) Reduction: <u>59</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>02/10/18</u> Confirm with: <u>WILLIAM</u>	Email ☒ Call ☐
Final Liability: <u>100</u>	% <u>100</u> (Agreed / Assessed) BOLA S/N No.: <u>27</u>	If NO or B 28, Ass. Lia: <u>LOW KERR-BROOK TP</u>
Repair Cost: <u>883.26</u>	SS <u>883.26</u>	
Loss of Rental (LOR): <u>564.20</u>	SS <u>564.20</u> (<u>4.5</u> days) x <u>125.40</u>	
Loss of Use (LOU): <u>225.00</u>	SS <u>225.00</u> (<u>50</u> x <u>4.5</u> days)	
Loss of Income (LOI): <u>—</u>	SS <u>—</u> (<u>—</u> x <u>—</u> days)	
LOR only ☐ LOU only ☐	LOR + LOU ☒ LOR + LO ☐ [Tick only one]	
GIA/LTA Search: <u>7.49</u>	SS <u>7.49</u>	
Medical: <u>—</u>	SS <u>—</u>	1) Claim status: <u>Normal</u> / Reject / Private Settle
Disbursement: <u>—</u>	SS <u>—</u> (e.g. Tow / Independent)	2) Report Format: <u>—</u>
Legal Cost: <u>—</u>	SS <u>—</u>	3) Survey fee: <u>\$350.00</u>
Total: <u>1,680.05</u>	SS <u>1,680.05</u> Global Sum \$\$: <u>1,680.00</u>	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____
Payee 1: <u>1,680.00</u>	SS <u>1,680.00</u> Name 1: <u>COMFORTABLE PRO ENGINEERING PTG LTD</u>	Email ☐ Call ☐
Payee 2: (Strike if N.A.) <u>—</u>	SS <u>—</u> Name 2: <u>—</u>	
Payee 3: (Strike if N.A.) <u>—</u>	SS <u>—</u> Name 3: <u>—</u>	