

LEE MING YAO

CC 3 / AIG 130 14190, T1W0352

Surveyor:

MTH

DOI:

ASSIGNMENT

30/7/2018

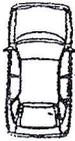
Date / Time:

30/7/2018

Registered in Merimen:

5/8/2018

Pre-assign / CCU / FTE



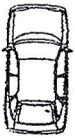
Insured Vehicle No. : SKL 2222 U
Name of Insured : Leong Siu Lam
Insured Tel No. : HP:
Excess Sec II :SS D.O.A : 27/7/2018

Claim No. : 203531403966
Policy No. : 2100434114
Make / Model : M-BENZ S400
Place of Accident : PTB

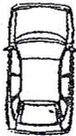
Is driver the owner? (YES / NO) Nature of Accident :
If NO, Driver Name / Age : Leong Siu Lam - Wang Siu Lam
Driver Tel No. : 98299292 W/L: YES/NO

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

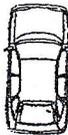
SKL 2222 U → SHB 5332D → SJL 4282 U



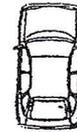
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP: EMP T, W
Tel :
Liability : TP
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
12/8	Non-Reporting ltr (1st):	
12/8	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
20/8/18	After call ltr to OI:	20/8/18
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P10 \$7,760.65 (11 days) Reduction: 69 % Email Call

FINAL SETTLEMENT Date/Time: 26/09/19 Confirm with: LEE GAK Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 100%
Repair Cost: \$7760.65 OAD involved in 3CC
Loss of Rental (LOR): \$1572.90 (14 days) x 112.35 OAD is the last veh
Loss of Use (LOU): \$100.00 (\$ 50 x 14 days)
Loss of Income (LOI): \$ x days

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$7.00
Medical: \$
Disbursement: \$ (e.g. Tow/ Independent)
Legal Cost \$

Total: \$10040.55 Global Sum \$: 10,040.00
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: \$320.00

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$10,040.00 Name 1: SHIRT TAXIS PTB LTD
Payee 2: (Strike if N.A.) \$ - Name 2: -
Payee 3: (Strike if N.A.) \$ - Name 3: -