

15/5/2010

INS. CASE OWNER:

BENNETT

CC 4/AIG1801

5296, N 4639

LKK:

IDAC:

Surveyor:

NAZ

DOI:

ASSIGNMENT

2410018

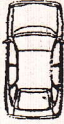
Date / Time:

21/8/18

Registered in Merimen:

21/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBG 4439G

Claim No.:

5749875956

Name of Insured:

FEDERN EXPRESS (S) PN

Policy No.:

10082469

Insured Tel No.:

HP:

21/8/18

Make / Model:

TOYOTA

Excess Sec II :\$

D.O.A.:

Place of Accident:

HEMENTI RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: MUHAMMAD IZZUDIN BIN

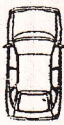
Driver Tel No.:

(V/L: YES / NO)

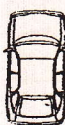
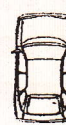
GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

INSRS:
WSP:
Tel:
Liability:
RMKS:

Lys

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
21/8/18	SLV 4722C-X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	210018-uc
		After call ltr to OI:	
21/08/18	1:01PM	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:	☐

PRELIMINARY ADVICE	Date/Time:	Send By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	L/S	\$S 6,600.00	(8 days) Reduction: %	Email ☐ Call ☐
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FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
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Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	27	If NO or B 28, Ass. Lia:
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Repair Cost:	(w/ger)	\$S 7,062.00	(OIP REPAIR-ENDORSED TP)
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Loss of Rental (LOR):	\$S	() days
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Loss of Use (LOU):	\$S	1100.00 x 11 days
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Loss of Income (LOI):	\$S	(S) x days
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LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]
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GIA/LTA Search	\$S	7.45
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Medical:	\$S	-
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Disbursement:	\$S	(c.g. Tow/ Independent)
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Legal Cost	\$S	-
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Total:	\$S	8,169.45	Global Sum \$S:	8,000.00
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	\$S	8,000.00	Name 1:	CYS AUTOMOBILE SERVICES PTB LTD
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Payee 2: (Strike if N.A.)	\$S	=	Name 2:	=
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Payee 3: (Strike if N.A.)	\$S	=	Name 3:	=
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