

15/5/2010

INS. CASE OWNER:

Lanthia

CC 4/AXA1801 6990, Anh

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

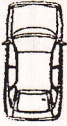
16/11/18

Date / Time :

18/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLT 6090C

Claim No. :

58moo vs 1/69981

Name of Insured :

Van Leong Yon.

Policy No. :

Insured Tel No. :

HP: 8133 1165

Make / Model :

Excess Sec II : \$

D.O.A :

16/11/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

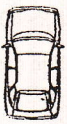
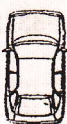
(V/L: YES / NO)

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

Insured Liability : %

Final ? Yes / No

SGG 865 AC

INSRS:
WSP:
Tel :
Liability :
RMKS:U2
sprayINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

20/10/18
VIC

SGG 865 AC - X

SLT 6090C - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 15/11/18 - VIC

After call ltr to OI:

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:

Confirm by:

PRELIMINARY ADVICE

Date/Time:

Sent By:

10/10/18

TP accepted offer.

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

49

\$ 1,900.00

4

days) Reduction:

72

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

10/10/18

CHUG

Email

Call

Final Liability:

%

50

(Agreed / Assessed) BOLA S/N No. :

Repair Cost:

49

\$ 1,900.00

980.00

Loss of Rental (LOR):

\$

-

(

days)

Loss of Use (LOU):

\$

1360

180.00

x 6

days)

Loss of Income (LOI):

\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$

-

Medical:

\$

-

Disbursement:

\$

-

(e.g. Tow/ Independent)

Legal Cost

\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4350.00

Total:

2,260.00

\$ 1,130.00

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$

1,130.00

Name 1:

U2 SPRAY PAINTING PTB LTD

Payee 2: (Strike if N.A.)

\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$

-

Name 3:

-