

15/5/2010

INS. CASE OWNER:

CC 4/LPC1801

7148, #10h

LKK: IDAC:

ASSIGNMENT

12/12/18

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

9DV 28185

Name of Insured :

WONG TARM KO

Insured Tel No. :

HP:

96276718

Excess Sec II :SS

D.O.A :

12/12/18

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

218V15018743

NISSAN

BT TIMAH KO CP 3001

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

SCL 4195X

9DV 28185



INSRS: WSP: Tel: Liability: RMKS:

Tropical



INSRS: WSP: Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
9/10/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD:	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
21-07-20	EVIDENCE If TP FAILS TO PRODUCE SINCE OUR LAST LETTER TO THEM FOR CONSIDERABLE TIMES. GIVE THEM A FINAL WARNING BEFORE SUGGESTING TO LONPAC TO CLOSE FILE.	
5/5/2020	No survey & no development. To close without bill	
05/08/20	TO CLOSE FILE. NO SURVEY DONE.	
PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:		
FINALIZATION Date/Time: Confirm with: Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Repair Cost: \$\$ (days) Reduction: %		
FINAL SETTLEMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		
Repair Cost: \$\$		
Loss of Rental (LOR): \$\$ (days)		
Loss of Use (LOU): \$\$ (S x days)		
Loss of Income (LOI): \$\$ (S x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search: \$\$		
Medical: \$\$		
Disbursement: \$\$ (e.g. Tow/Independent)		
Legal Cost: \$\$		
Total: \$\$ Global Sum \$\$:		
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$\$ Name 1:		
Payee 2: (Strike if N.A.) \$\$ Name 2:		
Payee 3: (Strike if N.A.) \$\$ Name 3:		

01 - no collision.