

15/5/2010

INS. CASE OWNER:

CCP / III1801 7401, U job

LKK:
IDAC:

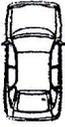
Surveyor: marchus

DOI: ASSIGNMENT
26/11/18

Date / Time: 26/11/18

Registered in Merimen: 25/11/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SM 7404E

Claim No. : MT15020766

Name of Insured : LTP

Policy No. : MEM0015

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI

Excess Sec II : \$ \$ _____ D.O.A : 26/11/18

Place of Accident : ONAN KH.

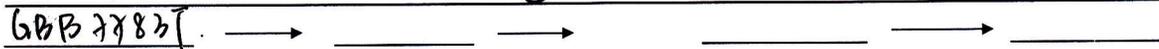
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : kwok ming him

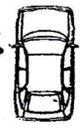
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

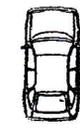
Insured Liability : % Final ? Yes / No



INSRS:
WSP: Specialists
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE/ PIC
<u>26/11/18</u> <u>704</u>	<u>GBB 7783T - X</u> <u>SM 7404E - X</u>	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	<u>N/A</u>
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" 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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: \$ \$ _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: 5-12-18 Confirm with IRENE Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia : _____

Repair Cost: GST \$ \$ 3,745

Loss of Rental (LOR): \$ \$ _____ (_____ days)

Loss of Use (LOU): \$ \$ 600 (\$ 100 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 \$ \$ _____

Total: \$ \$ 4,345.00 Global Sum \$ \$: _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$ \$ 4,345 Name 1: SPECIALISTS MOTOR PRE LTD

Payee 2: (Strike if N.A.) \$ \$ X Name 2: X

Payee 3: (Strike if N.A.) \$ \$ _____ Name 3: _____

OI GRAZED
PARKED UP WHILE
DRIVING
COPY SENT