

CC 3, III 180 17476, 2003

LKK  
IDAC

INS CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

25/9/18

Registered in Meritum:

25/9/18

Pre-assign / CCU / FTE

SAA 7505 P



Insured Vehicle No.:

Claim No.:

Name of Insured:

LTP

Policy No.:

McMool

Insured Tel No.:

HP:

Make / Model:

H-140

Excess Sec II :SS

D.O.A.:

25/9/2018

Place of Accident:

Langes Ave

Is driver the owner? (YES / NO)

Nature of Accident:

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

If NO, Driver Name / Age:

Lim Kuan Pine

Insured Liability: % Final? Yes / No

Driver Tel No.:

85 730243 (VL: YES / NO)

SKQ 9822R

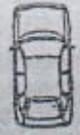


INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

pmc



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/Time	STAGE	DATE / PIC
25/9/18	Non-Reporting ltr (1st):	
25/9/18	Non-Reporting ltr (2nd):	
25/9/18	Non-Reporting ltr (Final):	
25/9/18	Notification ltr (if non-pickup):	
25/9/18	Call OI:	
25/9/18	After call ltr to OI:	
25/9/18	Documentation Check List:	Handler Typist
25/9/18	Notification ltr (if non-pickup)	
25/9/18	After call ltr to OI:	
25/9/18	Authorisation To Act:	
25/9/18	Release Voucher:	
25/9/18	Final Repair Bill:	
25/9/18	Car Rental Invoice:	
25/9/18	Towing Invoice:	
25/9/18	LTA / GIA:	
25/9/18	Medical Bill:	
25/9/18	PIR:	
25/9/18	Mandate/Reject Instruction:	
25/9/18	LOD:	
25/9/18	Payment Breakdown Form:	
25/9/18	Post-Repair Photos:	
25/9/18	Others:	

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Repair Cost: \$ ( days) Reduction: %

**FINAL SETTLEMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: Nil

Repair Cost: \$

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

Loss of Use (LOU): \$ ( \$ x days)

Loss of Income (LOI): \$ ( \$ x days)

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

GIA/LTA Search: \$

Medical: \$

Disbursement: \$ (e.g. Tow/ Independent)

Legal Cost: \$

Total: \$ Global Sum \$:

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$ Name 1: \_\_\_\_\_

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

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

CANCEL

OI MAKING illegal U.M.V.N.