

10/2000

INS. CASE OWNER:

vanlong | CC 4/AXA1701 1778, U No 3/4

LKK
IDAC

LIABILITY

Surveyor:

NA OFFICE

DOI:

ASSIGNMENT
4/10/17

Date / Time:

11/11/17

Registered in Meritum:

09/16/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGM 6265P

Claim No.:

10447645

Name of Insured:

JAMALUDDIN BIN ALFARAD

Policy No.:

01702011/1

Insured Tel No.:

HP: 90291001

Make / Model:

HONDA

Excess Sec II IS\$

D.O.A: 16/06/17

Place of Accident:

OVERPASS RD

Is driver the owner? (YES) / NO

Nature of Accident:

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

If NO, Driver Name / Age:

(V/L: YES / NO)

Insured Liability: % Final? Yes / No

Driver Tel No.:

SJC 8449C



INSRS:
WSP:
Tel:
Liability:
RMKS:

prati



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time	STAGE	DATE / PIC
4/11/17	Non-Reporting Itr (1st):	
4/11/17	Non-Reporting Itr (2nd):	
4/11/17	Non-Reporting Itr (Final):	
4/11/17	Notification Itr (if non-pickup):	
4/11/17	Call Of:	010711/17 JIC
4/11/17	After call Itr to OI:	
4/11/17	Documentation Check List:	Handler Typist
4/11/17	Notification Itr (if non-pickup):	<input checked="" type="checkbox"/>
4/11/17	After call Itr to OI:	<input checked="" type="checkbox"/>
4/11/17	Authorisation To Act:	<input checked="" type="checkbox"/>
4/11/17	Release Voucher:	<input checked="" type="checkbox"/>
4/11/17	Final Repair Bill:	<input checked="" type="checkbox"/>
4/11/17	Car Rental Invoice:	<input checked="" type="checkbox"/>
4/11/17	Towing Invoice:	<input checked="" type="checkbox"/>
4/11/17	ETN/GIA:	<input checked="" type="checkbox"/>
4/11/17	Medical Bill:	<input checked="" type="checkbox"/>
4/11/17	PIR:	<input checked="" type="checkbox"/>
4/11/17	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
4/11/17	LOD:	<input checked="" type="checkbox"/>
4/11/17	Payment Breakdown Form:	<input checked="" type="checkbox"/>
4/11/17	Post-Repair Photos:	<input checked="" type="checkbox"/>
4/11/17	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: RECEIVED 07 NOV 2017

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L15 SS 2,000.00 (3 days) Reduction: 72 % Email Call

FINAL SETTLEMENT Date/Time: Confirm with: Email Call

Final Liability: 50% (Assessed / Assessed) BOLA S/N No.: NIL

Repair Cost: \$2,000.00 SS 1,000.00

Loss of Rental (LOR): - SS - (days)

Loss of Use (LOU): \$500.00 SS 250.00 100 x 5 (days)

Loss of Income (LOI): - SS - (5 x days)

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

GIALTA Search: \$24.35 SS 34.35

Medical: - SS -

Disbursement: - SS - (e.g. Tow/Independent)

Legal Cost: - SS -

Total: \$2,534.35 SS 1,284.35 Global Sum SS: -

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: SS 1,284.35 Name 1: PROM - AUTOMOTIVE

Payee 2: (Strike if N.A.) SS - Name 2: -

Payee 3: (Strike if N.A.) SS - Name 3: -

(1/2)

