

15/5/2010

INS. CASE OWNER:

Winnic

CC 4 AXA 1801

airg, u/w/b

LKK: IDAC:

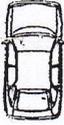
Surveyor: MARCOG

DOI: 22/10/18

Date / Time: 21/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.: SLX 3195H  
Name of Insured: LHM Group Pmb.  
Insured Tel No.: HP: 97702450  
Excess Sec II :\$\$ D.O.A.: 18/10/18  
Is driver the owner? YES / NO ) Nature of Accident:

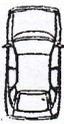
Claim No.: 56M002ND / 767M  
Policy No.: P1091686  
Make / Model: Toyota  
Place of Accident: Makina Bay open up

If NO, Driver Name / Age:  
Driver Tel No.:

(VL: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Insured Liability: % Final ? Yes / No

GAB 2503T



INSRS: WSP: LHM's Bro.  
Tel: Liability:  
RMKS:



INSRS: WSP:  
Tel: Liability:  
RMKS:



INSRS: WSP:  
Tel: Liability:  
RMKS:



INSRS: WSP:  
Tel: Liability:  
RMKS:

Date/ Time		STAGE	DATE / PIC
21/10/18	GAB 2503T - 4	Non-Reporting ltr (1st):	
	SLX 3195H - 4	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	Yokulis - vic
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input 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 type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input 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:			

<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LHC	SS 1,200.00 ( 3 days)	Reduction: 57 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 22/10/18	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 2A	If NO or B 28, Ass. Lia :
Repair Cost:	SS 1,200.00		(OI MOVING OUT)
Loss of Rental (LOR):	SS ( days)		
Loss of Use (LOU):	SS 100.00 (\$ 20 x 5 days)		
Loss of Income (LOI):	SS (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	SS 2.00		
Medical:	SS =		
Disbursement:	SS = (e.g. Tow/ Independent )		1) Claim status: Normal/Reject/Private Settle
Legal Cost	SS =		2) Report Format: 3) Survey fee: \$ 350.00
<b>Total:</b>	SS 1,602.00	Global Sum \$\$: =	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS 1,602.00	Name 1: LHM's BROTHIC AUTO ENGINEERING WORKSHOP	
Payee 2: (Strike if N.A.)	SS =	Name 2: =	
Payee 3: (Strike if N.A.)	SS =	Name 3: =	