

15/5/2010

INS. CASE OWNER:

DANIEL

CC 4/III1801

9270, 72 h63⁵²

LKK:

IDAC:

Surveyor:

Lambert

DOI:

ASSIGNMENT

V4/10/18

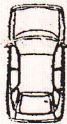
Date / Time :

27/10/18

Registered in Merimen:

27/10/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SH 6144 L

Claim No. :

H01 18100673

Name of Insured :

YPR

Policy No. :

M000005

Insured Tel No. :

HP:

Make / Model :

Hyundai

Excess Sec II :\$S

D.O.A. :

20/10/18

Place of Accident :

COMMONWEALTH AVENUE

Is driver the owner? :

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

UM BENNY BEF

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

Driver Tel No. :

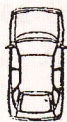
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SUSPENS



INSRS:

WSP:

Tel :

Liability :

RMKS:

Kah motor



INSRS:

WSP:

Tel :

Liability :

RMKS:



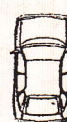
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
7/1/18	Non-Reporting ltr (1st):	
7/1/18	Non-Reporting ltr (2nd):	
7/1/18	Non-Reporting ltr (Final):	
7/1/18	Notification ltr (if non-pickup):	
7/1/18	Call OI:	
7/1/18	After call ltr to OI:	
7/1/18	Documentation Check List: Handler Typist	
7/1/18	Notification ltr (if non-pickup)	
7/1/18	After call ltr to OI:	
7/1/18	Authorisation To Act:	
7/1/18	Release Voucher:	
7/1/18	Final Repair Bill:	
7/1/18	Car Rental Invoice:	
7/1/18	Towing Invoice:	
7/1/18	LTA / GIA :	
7/1/18	Medical Bill:	
7/1/18	PIR:	
7/1/18	Mandate/Reject Instruction:	
7/1/18	LOD:	
7/1/18	Payment Breakdown Form:	
7/1/18	Post-Repair Photos:	
7/1/18	Others:	
7/1/18	PRELIMINARY ADVICE Date/Time:	Sent By:
7/1/18	FINALIZATION Date/Time:	Confirm with:
7/1/18	Repair Cost: PIP	\$S 12,694.82 10 days) Reduction: 14 %
7/1/18	FINAL SETTLEMENT Date/Time:	Confirm with: DEWON
7/1/18	Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27
7/1/18	Repair Cost: (w/last)	\$S 13,583.44
7/1/18	Loss of Rental (LOR):	\$S - (days)
7/1/18	Loss of Use (LOU):	\$S 600.00 \$600 x 10 days
7/1/18	Loss of Income (LOI):	\$S - (S x days)
7/1/18	LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
7/1/18	GLA/LTA Search	\$S -
7/1/18	Medical:	\$S -
7/1/18	Disbursement:	\$S - (e.g. Tow/ Independent)
7/1/18	Legal Cost	\$S -
7/1/18	Total:	\$S 14,183.44 Global Sum \$S: -
7/1/18	FINAL PAYMENT Date/Time:	Confirm with:
7/1/18	Payee 1:	\$S 14,183.44 Name 1: KAH MOTOR CO. SDN. BHD.
7/1/18	Payee 2: (Strike if N.A.)	\$S - Name 2:
7/1/18	Payee 3: (Strike if N.A.)	\$S - Name 3: