

15/5/2010

INS. CASE OWNER:

CC /CTI1801

LKK:

IDAC:

Surveyor:

Falin

DOI:

ASSIGNMENT

W/W/16

Date / Time:

14/12/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJK 7997B

Claim No.:

SNW1801508000Y

Name of Insured:

EWH JIM HOCK

Policy No.:

IMPESNG8764200

Insured Tel No.:

HP:

Make / Model:

Toyota

Excess Sec II :\$\$

D.O.A.:

W/W/16

Place of Accident:

UPP KEMAMAN KOT

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

AMES EWH XI YH

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

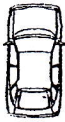
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHO 760LE

INSRS:
WSP:
Tel:
Liability:
RMKS:LOKE
WINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

14/12/18
any

SHO 760LE - t

SJK 7997B - t

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

27 14-12-18

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

X

After call ltr to OI:

X

Authorisation To Act:

X

Release Voucher:

X

Final Repair Bill:

X

Car Rental Invoice:

X

Towing Invoice

X

LTA / GIA :

X

Medical Bill:

X

PIR:

X

Mandate/Reject Instruction:

X

LOD

X

Payment Breakdown Form:

X

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$\$

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

Repair Cost:

\$\$

871.46

Loss of Rental (LOR):

\$\$

188.10

(1.5 days)

125.40

Loss of Use (LOU):

\$\$

75

(\$ 50 x 1.5 days)

75

Loss of Income (LOI):

\$\$

75

(\$ 50 x 1.5 days)

75

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/TA Search

\$\$

7.49

Medical:

\$\$

-

Disbursement:

\$\$

-

(c.g. Tow/ Independent)

Legal Cost

\$\$

-

Total:

\$\$

1,142.05

Global Sum \$\$:

1142.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$\$

1,142.05

Name 1:

LUMFOUNTEL GRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

\$\$

X

Name 2:

X

Payee 3: (Strike if N.A.)

\$\$

X

Name 3:

X

COPY SENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: