

Express (due on 28/11/19)

To Close within 3 WDs

Sent : 26/11/19

15/5/2010

INS. CASE OWNER:

711111 100

CC 3 /AIG1802

02-06, R176

Surveyor:

RABOL

DOI:

ASSIGNMENT

20/11/18

Date / Time :

21/11/18

Registered in Merimen:

21/11/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SYN 7887u.

Name of Insured :

ENG TUNN LAM.

Insured Tel No. :

HP:

96616272

Excess Sec II : \$\$

D.O.A :

8/11/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

512557470959

Policy No. :

7101200664

Make / Model :

MERCEDES

Place of Accident :

4 KILPATON PARK

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

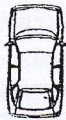
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLV 1011D



INSRS:

WSP:

Tel :

Liability :

RMKS:

performance



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

15/11/18
dry

SLV 1011D - 4

SYN 7887u - 4

TP VIDEO FOOTAGE IN.

3-4-19 @ 5 PM

OI AGREED & AWAKE

WCH ISSUE. HE SAID

COR N BIT HIGH.

15/11/19

TYPE REPORT FIRST.

REPORT DONE

22/11/19

EMAIL TO OI TO COME OFFICE FOR

DISCUSSION

22/11/19

SEND 1ST OFFER TO TP

26/11/19

TP ACCEPTED OFFER. ALL DOCS IN ORDER.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

JY 3-4-19

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

☒☐

After call ltr to OI:

EMAIL

☒☐

Authorisation To Act:

☒☐

Release Voucher:

☒☐

Final Repair Bill:

☒☐

Car Rental Invoice:

☒☐

Towing Invoice:

☒☐

LTA / GIA :

☒☐

Medical Bill:

☒☐

PIR:

☒☐

Mandate/Reject Instruction:

☒☐

LOD

☐☐

Payment Breakdown Form:

☐☐

Post-Repair Photos:

☐☐

Others:

☐☐

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

\$\$ 2,863.60

(3 days)

Reduction:

26 %

Email

☐

Call

☐

FINAL SETTLEMENT

Date/Time:

26/11/19

Confirm with:

CAROLINE

Email

☒

Call

☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

22

If NO or B 28, Ass. Lia :

Repair Cost:

(w/ GST)

\$\$ 3,066.19

Loss of Rental (LOR):

\$\$

-

(days)

Loss of Use (LOU):

\$\$

180.00

(S60 x 3 days)

Loss of Income (LOI):

\$\$

-

(S x days)

LOR only

☐

LOU only

☒

LOR + LOU

☐

LOR + LO

☐

[Tick only one]

GIA/LTA Search

\$\$

2.00

Medical:

\$\$

-

Disbursement:

\$\$

-

(e.g. Tow/ Independent)

Legal Cost

\$\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

\$\$

3,248.19

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

☐

Call

☐

Payee 1:

\$\$

3,248.19

Name 1:

PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.)

\$\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$\$

-

Name 3:

-