

15/5/2010

INS. CASE OWNER:

MIDA

CC # / III1802

LKK:

IDAC:

Surveyor:

marcus

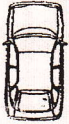
DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHB 41116

Claim No. :

MIT1810348

Name of Insured :

LTP

Policy No. :

MCOMS015

Insured Tel No. :

HP:

Make / Model :

Kynnyk 1

Excess Sec II :\$

D.O.A :

Place of Accident :

UPI M54

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

MARIZAN BIN KAWI

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

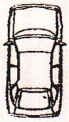
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

% Final ? Yes / No

GBF 103741



INSRS:

WSP:

Tel :

Liability :

RMKS:

Liu's
Bro

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
15/11/10	CHP103741-X	Non-Reporting ltr (1st):	
16/11/10	CHP41116-X	Non-Reporting ltr (2nd):	
16/11/10		Non-Reporting ltr (Final):	
20/11/10		Notification ltr (if non-pickup):	
10/12/10		Call OI:	
13/12/10		After call ltr to OI:	
19/10/11		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LGD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:
--------------------	------------	----------

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
--------------	------------	---------------	-------------

Repair Cost:	PLP	\$500.00	(3 days) Reduction: 70 %	Email ☐ Call ☐
--------------	-----	----------	---------------------------	--

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
------------------	------------	---------------	--

Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. :	WIL	If NO or B 28, Ass. Lia :
------------------	---	-----	------------------------------------	-----	---------------------------

Repair Cost:	\$500.00				COLO RENTERS
--------------	----------	--	--	--	--------------

Loss of Rental (LOR):	\$500.00	(3 days)			
-----------------------	----------	-----------	--	--	--

Loss of Use (LOU):	\$180.00	(\$ 60 x 3 days)			
--------------------	----------	-------------------	--	--	--

Loss of Income (LOI):	\$500.00	(\$ x days)			
-----------------------	----------	--------------	--	--	--

LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	(Tick only one)			
---	--	-----------------	--	--	--

GIA/LTA Search	\$7.45				
----------------	--------	--	--	--	--

Medical:	\$500.00				1) Claim status: Normal/Reject/Private Settle
----------	----------	--	--	--	---

Disbursement:	\$500.00	(e.g. Tow/ Independent)			2) Report Format:
---------------	----------	--------------------------	--	--	-------------------

Legal Cost	\$500.00				3) Survey fee: \$ 300.00
------------	----------	--	--	--	--------------------------

Total:	\$687.45	Global Sum \$:			
--------	----------	----------------	--	--	--

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
---------------	------------	---------------	--

Payee 1:	\$687.45	Name 1:	LIU'S BROTHER AUTO ENGINEERING WORKSHOP
----------	----------	---------	---

Payee 2: (Strike if N.A.)	\$500.00	Name 2:	
---------------------------	----------	---------	--

Payee 3: (Strike if N.A.)	\$500.00	Name 3:	
---------------------------	----------	---------	--