

**Express** (due on 05/12/19)  
To Close within **3 WDs**  
Sent : 03/12/19

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1900

Surveyor:

2ASUL

DOI:

ASSIGNMENT  
25/11/19

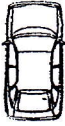
Date / Time :

21/11/19

Registered in Merimen:

21/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SUQ 9880K

Name of Insured :

UHO SLOW HUBB TUBOSA

Insured Tel No. :

HP:

811/19

Excess Sec II : \$\$

D.O.A

Is driver the owner?

( YES (NO) )

Nature of Accident :

If NO, Driver Name / Age : SLOW HUBB TUBOSA UHO

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

277112650556

Policy No. :

800072545

Make / Model :

OPEL

Place of Accident :

ENUG MB 5

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

Insured Liability :

%

Final ? Yes / No

SKB 2551P



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

premium



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time      | STAGE                             | DATE / PIC                          |
|-----------------|-----------------------------------|-------------------------------------|
| <u>21/11/19</u> | Non-Reporting ltr (1st):          |                                     |
|                 | Non-Reporting ltr (2nd):          |                                     |
|                 | Non-Reporting ltr (Final):        |                                     |
|                 | Notification ltr (if non-pickup): |                                     |
|                 | Call OI:                          | <u>204 25 1 19</u>                  |
|                 | After call ltr to OI:             |                                     |
|                 | Documentation Check List: Handler | Typist                              |
|                 | Notification ltr (if non-pickup)  | <input type="checkbox"/>            |
|                 | After call ltr to OI:             | <input checked="" type="checkbox"/> |
|                 | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|                 | Release Voucher:                  | <input checked="" type="checkbox"/> |
|                 | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|                 | Car Rental Invoice:               | <input checked="" type="checkbox"/> |
|                 | Towing Invoice:                   | <input type="checkbox"/>            |
|                 | LTA / GIA :                       | <input type="checkbox"/>            |
|                 | Medical Bill:                     | <input type="checkbox"/>            |
|                 | PIR:                              | <input type="checkbox"/>            |
|                 | Mandate/Reject Instruction:       | <input type="checkbox"/>            |
|                 | LOD                               | <input checked="" type="checkbox"/> |
|                 | Payment Breakdown Form:           | <input type="checkbox"/>            |
|                 | Post-Repair Photos:               | <input type="checkbox"/>            |
|                 | Others:                           | <input type="checkbox"/>            |

SKB 2551P - X UHO SLOW HUBB TUBOSA - X

25-1-19 @ 1140 CONFIRMED ALL.  
SHE HAVE PROTECTOR  
EXP. VIDEO. AGREED.  
SHE WANTS TO KNOW COR.

02/12/19

OTUG. TP LOB IN  
UPLOADED IN TO MERIMEN  
SEND ACCEPTANCE EMAIL TO TP  
ALL BOKE IN ORDER  
TO CLOSE.

| PRELIMINARY ADVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date/Time: | Sent By: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <p><b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:</p> <p>Repair Cost: <u>41P</u> \$S <u>5,001.00</u> ( 5 days) Reduction: <u>46</u> % Email <input type="checkbox"/> Call <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |          |
| <p><b>FINAL SETTLEMENT</b> Date/Time: <u>02/12/19</u> Confirm with: <u>CHIEF PMX</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/></p> <p>Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>75</u></p> <p>Repair Cost: <u>(W/LGRT)</u> \$S <u>5,351.07</u></p> <p>Loss of Rental (LOR) <u>(W/LGRT)</u> \$S <u>802.50</u> ( 5 days) x \$150 VIDEO</p> <p>Loss of Use (LOU): \$S — (\$ x days)</p> <p>Loss of Income (LOI): \$S — (\$ x days)</p> <p>LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]</p> <p>GIA/LTA Search \$S —</p> <p>Medical: \$S —</p> <p>Disbursement: \$S — (e.g. Tow/ Independent )</p> <p>Legal Cost \$S —</p> <p><b>Total:</b> \$S <u>6,153.57</u> Global Sum \$S:</p> |            |          |
| <p><b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/></p> <p>Payee 1: \$S <u>6,153.57</u> Name 1: <u>PREMIUM AUTOCARE CENTRE</u></p> <p>Payee 2: (Strike if N.A.) \$S — Name 2: —</p> <p>Payee 3: (Strike if N.A.) \$S — Name 3: —</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |

TP VIDEO A  
CHANGED CASE

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: 4320.00