

15/5/2010

INS. CASE OWNER:

NORONAH

CC 3 /AIG1900

1477, 1667

LKK:

IDAC:

Surveyor:

HJ

DOI:

ASSIGNMENT

21/1/19

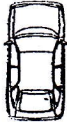
Date / Time :

21/1/19

Registered in Merimen:

21/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SBH 38770

Claim No. :

816448574184

Name of Insured :

HONG HIN LEE

Policy No. :

19005442

Insured Tel No. :

HP: 97777888

Make / Model :

MITSUBISHI

Excess Sec II : \$\$

D.O.A :

19/1/19

Place of Accident :

NEWTON LK LNS

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

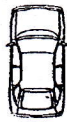
(V/L: YES / NO)

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

Insured Liability : %

Final ? Yes / No

SMB 99B



INSRS:

WSP:

Tel :

Liability:

RMKS:

SMB



INSRS:

WSP:

Tel :

Liability:

RMKS:



INSRS:

WSP:

Tel :

Liability:

RMKS:



INSRS:

WSP:

Tel :

Liability:

RMKS:

Date/Time

SMB 99B - 4 SDR 78770 - 1

FINISHED

OI VIDEO UPLOADED IN MERIMEN BY HG

SPoke TO OI. HE CONTINUED ACCIDENT DETAILS & WHO PICKING ONE TO EXT ROUNDABOUT W/ SIGNAL LIGHTS ON. INFORMED HIM OF TP CLAIM & LIABILITY BASED ON THE VIDEO. OI somehow deny full liability. HE IS NOW AWARE OF TP CLAIM & NCD LEAVES. SEND LETTER & EMAIL TO OI.

TP LOG IN BY EMAIL

SEND ACCEPTANCE EMAIL TO TP. ALL DONE IN ORDER. TO CLOSE

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:	21/1/19 - HG
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:	☐ ☐
LOD	☒ ☐
Payment Breakdown Form:	☐ ☐
Post-Repair Photos:	☐ ☐
Others:	☐ ☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L6

\$ 2,150.00

(2

days) Reduction:

42

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

09/10/19

Confirm with:

KARON

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

136

If NO or B 28, Ass. Lia :

Repair Cost:

\$ 2,150.00

Loss of Rental (LOR):

\$

(

days)

Loss of Use (LOU):

\$

550.00

(\$ 115 x 2

days)

Loss of Income (LOI):

\$

(

x

days)

LOR only ☐ LOU only ☒LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

\$

7.00

Medical:

\$

Disbursement:

\$

(e.g. Tow/ Independent)

Legal Cost

\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4320.00

Total:

\$ 2,707.00

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

\$

2,707.00

Name 1:

SHRT BUSSES LTD

Payee 2: (Strike if N.A.)

\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$

-

Name 3:

-