

15/5/2019

INS. CASE OWNER:

CC 3 / LPC 1900

1533

K1023

LKK:

IDAC:

Surveyor:

AWE

DOI:

ASSIGNMENT

21/1/19

Date / Time:

21/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJW 53720

Claim No. : 18/19/19/VP25/021301

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 21/1/19

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

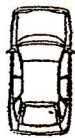
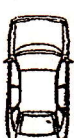
If NO, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC6762J

INSRS:
WSP: Premier
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
1/2	SHC6762J X;	Non-Reporting ltr (1st):	
AW	SJW53720 - C4/LPC17006096/K1023/005-73/31	Non-Reporting ltr (2nd):	
	63/10/19, 10/21/19, 11/23/2019: 005	Non-Reporting ltr (Final):	
	TP VIDEO IN. V. STAGE PIC SHC6762J 28/10/18	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
24.05.2019	FILE PASS TO TYPIST TO PREPARE REPAIR REPORT DONE	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☐
		Authorisation To Act:	☒
		Release Voucher:	☒
02/02/19	SEEK WARRANT APPROVAL TO LPC	Final Repair Bill:	☒
06/02/19	LPC APPROVED WARRANT. CALL - 411.31641111.	Car Rental Invoice:	☒
	SEND SET OFFER TO TP.	Towing Invoice	☐
	TP ACCEPTED OFFER.	LTA / GIA :	☒
	ALL BOOS IN ORDER.	Medical Bill:	☐
	TO CLOSE.	PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: 24/01/19 Sent By: AB	Post-Repair Photos:	☐
		Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: AWE
Repair Cost:	1/1 \$9,600 (10 days) Reduction: 19 %		Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: 04/02/19 Confirm with: SHARUKTI	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 4a	If NO or B 28, Ass. Lia :	
Repair Cost:	W151 \$10,273.00	OI TRAVEL STRAIGHT ALONG MINOR ROAD T17 TP.	
Loss of Rental (LOR):	\$1104.07 (11 days) X \$100.37	TP VIDEO IN	
Loss of Use (LOU):	\$ - (\$ x days)		
Loss of Income (LOI):	\$ - (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$200		
Medical:	\$ -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$ - (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$ -	3) Survey fee:	\$400.00
Total:	\$11,378.07	Global Sum \$:	11,200.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$11,200.00	Name 1:	PREMIER AUTOMOTIVE SERVICES PTG LTD
Payee 2: (Strike if N.A.)	\$ -	Name 2:	-
Payee 3: (Strike if N.A.)	\$ -	Name 3:	-