

INS. CASE OWNER:

CC 3, ALG 1900 1816, Jha3

LKK:

IDAC:

ASSIGNMENT

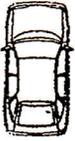
Surveyor: OHJ

DOI: 21/1/19

Date / Time: 25/1/19

Registered in Merimen: 28/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKC 95E

Claim No. : _____

Name of Insured : JAN BENG HUI

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 21/1/2019

Place of Accident : TR

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

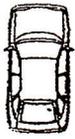
If NO, Driver Name / Age: _____

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

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

Insured Liability : % Final ? Yes / No

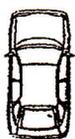
SMB1348B



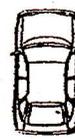
INSRS: _____
WSP: _____
Tel: SURT, WJ
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
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Date/ Time	STAGE	DATE / PIC
<u>12/1/19</u>	<u>SMB1348B, X: SECASE, X</u>	
<u>12/02/19</u>	<u>MUR REQUIRED. OI REPORTED HE WAS FROM SUP ROAD WHEN COLLIDED BY TP BUS. SEND LETTER TO OI TO NOTIFY TP CLAIM & NOO ISSUES. OI TO TUNDO TP VEHICLE.</u>	
	<u>FINISHED</u>	
	<u>TP LOD IN</u>	
<u>20/06/19</u>	<u>SEND ACCEPTANCE EMAIL TO TP</u>	
	<u>TP ACCEPTED OFFER.</u>	
	<u>ALL DOCS IN ORDER.</u>	
	<u>TO CLOSE.</u>	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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

Repair Cost: PIP \$S 524.00 (1 days) Reduction: 30 % Email Call

FINAL SETTLEMENT Date/Time: 20/06/19 Confirm with: KAREN Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 1

Repair Cost: \$S 524.00

Loss of Rental (LOR): \$S - (- days)

Loss of Use (LOU): \$S 275.00 (\$ 275 x 1 days)

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

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$S 7.00

Medical: \$S -

Disbursement: \$S - (e.g. Tow/ Independent)

Legal Cost \$S -

Total: \$S 809.00 Global Sum \$S: _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S 809.00 Name 1: SURT BUGER LTD

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

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

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
After call ltr to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
PIR:	<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
LOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>