

15/5/2010

INS. CASE OWNER:

CC 3/EQ1900 3269, K 463

LKK:

IDAC:

Surveyor:

K. L. M. E. H.

DOI:

ASSIGNMENT

20/2/19

Date / Time:

20/2/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJP 2253X

Name of Insured:

MOHAMMAD ALAMI MUSA

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

16/2/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

001ANUURE90

Policy No.:

DMPHUKS-001574

Make / Model:

SUZUKI

Place of Accident:

JML OP BUNDOS UNK & UDI
KVS 3

If NO, Driver Name / Age:

Driver Tel No.:

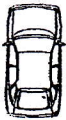
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SHB 7555P



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
CMB

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		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:	
		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: 21/02/19

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

49

SS 4,500.00

(10 days)

Reduction:

83

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

15/11/19

Confirm with

JAWINE

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

(W/Car)

SS 4,815.00

(14 days)

X & 75.25

(3 V64-C.O. 01 ZND TP 1ST)

(ATTN: CATE UNKADUN)

Loss of Rental (LOR):

SS 1,053.50

(\$ x days)

Loss of Use (LOU):

SS -

(\$ x days)

Loss of Income (LOI):

SS -

(\$ x days)

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

[Tick only one]

GIA/LTA Search

SS 7.49

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/ Independent)

Legal Cost

SS -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

Total:

SS

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

SS

5,875.99

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

SS -

Name 2:

-

Payee 3: (Strike if N.A.)

SS -

Name 3:

-