

15/5/2010

INS. CASE OWNER:

Daniel

CC 4, 111

1900

3961, A2039

LKK:

IDAC:

Surveyor:

UMP

DOI:

ASSIGNMENT

413/19

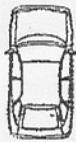
Date / Time:

4/13/19

Registered in Merimen:

4/13/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 38545

Claim No.:

Name of Insured:

C7P2

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

11/3/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

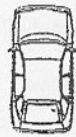
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SLC 38384



INSRS:

WSP:

Tel:

Liability:

RMKS:

Glockewerke



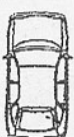
INSRS:

WSP:

Tel:

Liability:

RMKS:



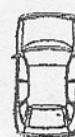
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

4/13/19

SLC38384 - X

SHD38545. 15/11/18 2135/419432: 007: 23/12/18

16.04.19

SEEK MANDATE FOR LIABILITY.

MANDATE APPROVE LIABILITY.

EMAIL WSP LIABILITY CLEAR.

8/8/19

File -> type mandate

* TP had submitted original LOR & docs to III.

25/5/19

File -> Summary to med PL

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

28/4/19

Confirm with

Annabelle

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.:

28

If NO or B 28, Ass. Lia: 100%

Repair Cost:

SS

10100.00

4VEH & OLD LAST

Loss of Rental (LOR):

SS

800.00

(

8

days)

X \$100

Loss of Use (LOU):

SS

-

(\$

x

days)

Loss of Income (LOI):

SS

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

-

Medical:

SS

-

Disbursement:

SS

-

(c.g. Tow/ Independent)

Legal Cost

SS

-

Total:

SS

10900.00

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

10900.00

Name 1:

Glockewerke

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$600.00

COPY SENT

-TV no Company & form