

15/5/2010

INS. CASE OWNER:

CC 4/1111900 4005, U662

LKK:

IDAC:

Surveyor:

marus

DOI:

ASSIGNMENT

11/02/19

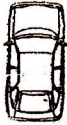
Date / Time:

11/2/19

Registered in Merimen:

7/7/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SYJ 8963T

Name of Insured:

WONG LAM YU HOO

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

15/7/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

MPC 201900000138

Policy No.:

D18 MPC 0001445

Make / Model:

WILSON

Place of Accident:

TONG PRAYON UAK 6

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

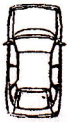
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

FBL 3617P



INSRS:

WSP:

Tel:

Liability:

RMKS:

BHH



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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

SS

784.80

(3

days) Reduction:

40

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

03/06/19

Confirm with

KUDRON

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

21

If NO or B 28, Ass. Lia:

Repair Cost:

(W/G60)

SS

889.74

COI LOST CONTROL

Loss of Rental (LOR):

SS

-

(

days)

Loss of Use (LOU):

SS

60.00

(\$

20 x 3

days)

Loss of Income (LOI):

SS

-

(\$

x 3

days)

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

[Tick only one]

GIA/LTA Search

SS

200

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4380.00

Total:

SS

901.74

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

SS

901.74

Name 1:

BAN HOCK HIN CO PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-