

15/5/2010

INS. CASE OWNER:

Richard

CC 6 ASM AXA1900 4951, 12/16/2

LKK: IDAC:

Surveyor: Malvin

DOI: ASSIGNMENT 18/7/10

Date / Time: 19/7/10

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : S11057252
Name of Insured : TEAMS - LAB SERVICES PH
Insured Tel No. : _____ HP: _____
Excess Sec II : \$ \$ _____ D.O.A. : 18/7/10
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : SAMO11471 10496
Policy No. : VPA11680520
Make / Model : KEWARRI
Place of Accident : 685 KUMARANG ST 67

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

S11057252



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



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



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



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

Date/ Time	STAGE	DATE / PIC
<u>S11057252</u>	Non-Reporting ltr (1st):	
<u>S11057252</u>	Non-Reporting ltr (2nd):	
<u>S11057252</u>	Non-Reporting ltr (Final):	
<u>S11057252</u>	Notification ltr (if non-pickup):	
<u>S11057252</u>	Call OI:	
<u>S11057252</u>	After call ltr to OI: <u>SAMO114-VIC</u>	
<u>S11057252</u>	Documentation Check List: Handler Typist	
<u>S11057252</u>	Notification ltr (if non-pickup)	<input type="checkbox"/>
<u>S11057252</u>	After call ltr to OI: <u>BUKIL</u>	<input checked="" type="checkbox"/>
<u>S11057252</u>	Authorisation To Act:	<input checked="" type="checkbox"/>
<u>S11057252</u>	Release Voucher:	<input type="checkbox"/>
<u>S11057252</u>	Final Repair Bill:	<input checked="" type="checkbox"/>
<u>S11057252</u>	Car Rental Invoice:	<input checked="" type="checkbox"/>
<u>S11057252</u>	Towing Invoice	<input type="checkbox"/>
<u>S11057252</u>	LTA / GIA :	<input type="checkbox"/>
<u>S11057252</u>	Medical Bill:	<input type="checkbox"/>
<u>S11057252</u>	PIR:	<input type="checkbox"/>
<u>S11057252</u>	Mandate/Reject Instruction:	<input type="checkbox"/>
<u>S11057252</u>	LOD	<input checked="" type="checkbox"/>
<u>S11057252</u>	Payment Breakdown Form:	<input type="checkbox"/>
<u>S11057252</u>	Post-Repair Photos:	<input type="checkbox"/>
<u>S11057252</u>	Others: <u>DS FORM</u>	<input checked="" type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 04/08/10 Sent By: VIC

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

Repair Cost: 119 \$ \$ 1700.00 (3 days) Reduction: 63 % Email Call

FINAL SETTLEMENT Date/Time: 15/08/10 Confirm with: WILLIAM Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 2A If NO or B 28, Ass. Lia: (COULD MOVING OUT)

Repair Cost: (w/ GST) \$ \$ 1,819.00

Loss of Rental (LOR): \$ \$ 358.01 (3 days) x \$ 112.67

Loss of Use (LOU): \$ \$ 150.00 x 3 days

Loss of Income (LOI): \$ \$ _____ x _____ days

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

GIA/LTA Search \$ \$ _____

Medical: \$ \$ _____

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

Legal Cost \$ \$ _____

Total: \$ \$ 2,307.01 Global Sum \$ \$: 2,300.00

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

Payee 1: \$ \$ 2,300.00 Name 1: COURT REPORTERS ENGINEERING PTY LTD

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

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