

INS. CASE OWNER:

GHORINI

CC 3 / III 1900

5099 / K1ha3

LKK:

IDAC:

Surveyor:

Amc

DOI:

ASSIGNMENT

25/2/19

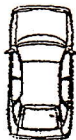
Date / Time:

25/2/19

Registered in Merimen:

26/3/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SH 7642 J

Name of Insured:

CTPL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

25/2/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

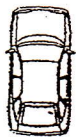
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHB 88205



INSRS:

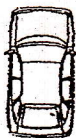
WSP:

Tel:

Liability:

RMKS:

Premier



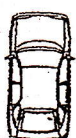
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

20/3/19

SHB 88205 - call in 15009055 (1st) 1st 2nd 3rd
 - call in 15011402 (1st) 2nd 3rd
 SH 7642 J - call in 15011402 (1st) 2nd 3rd
 - call in 17018461 (1st) 2nd 3rd

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: \$1,600.00 (3 days) Reduction: 17 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

%

(Agreed / Assessed)

BOLA S/N No.:

73

If NO or B 28, Ass. Lia:

Repair Cost: \$1,712.00

%

Loss of Rental (LOR):

%

(2.5 days)

x \$98.03

Loss of Use (LOU):

%

100.00

x 2.5 days

Loss of Income (LOI):

%

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

%

Medical:

%

Disbursement:

%

(e.g. Tow/ Independent)

Legal Cost

%

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$380.00

Total: \$2,057.08

Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

%

Name 1:

PREMIER AUTOMOTIVE SERVICES PTY LTD

Payee 2: (Strike if N.A.)

%

Name 2:

Payee 3: (Strike if N.A.)

%

Name 3: