

15/5/2010

INS. CASE OWNER:

LAUTHA

CC 6/III1900

6100, K2 W639

LKK:

IDAC:

Surveyor:

Kudin

DOI:

ASSIGNMENT

5/4/19

Date / Time:

5/4/19

Registered in Merimen:

5/4/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 4387C (GRADE PLATE)

Claim No.:

Name of Insured:

MPL

Policy No.:

M48N47

Insured Tel No.:

HP:

Make / Model:

TOYOTA

Excess Sec II :SS

D.O.A.:

7/4/19

Place of Accident:

BRADDELL WESP - WDE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

WAMB ZHIMAN

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

Driver Tel No.:

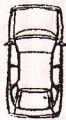
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHB 4478



INSRS:

WSP:

Tel:

Liability:

RMKS:

WDE



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 4478 - X	Non-Reporting ltr (1st):	
	SHB 4478 - 1st report on 5/4/19	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
11/04/19	- PIR PROVIDED. OLD REPAIRING OUT. COOK CHURCH WANDAR. - MINAUBED - IN APPROVED BLO - ORIGINAL TP LOD IN	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
14/05/19	- TYPE REPORT FOR WANDAR APPROVAL - REPORT DONE	After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
22/05/19	- GIVE WANDAR TO M BY WAMBAN	Final Repair Bill:	
23/05/19	- M APPROVED WANDAR	Car Rental Invoice:	
03/06/19	- GIVE 1ST OFFER TO TP. - TP ACCEPTED OFFER. - ALL POCO IN ORDER. - TO CLOSE.	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:

PIP

SS

4,422.96 (3 days)

Reduction:

24

%

Email

Call

FINAL SETTLEMENT

Date/Time:

03/06/19

Confirm with

AUGEN

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

24

If NO or B 28, Ass. Lia:

Repair Cost (w/ass)

SS

4,782.87

Loss of Rental (LOR):

SS

394.35

(3.5 days)

x

112.67

Loss of Use (LOU):

SS

140.00

(10 x 3.5 days)

Loss of Income (LOI):

SS

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

-

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

SS

5,266.92

Global Sum SS:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

5,266.92

Name 1:

COMFORT DELARO ENGINEERING PTG LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-