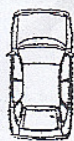


15
CASE OWNER: way/beta CC 4 / Asm 1900 6510 / Aka3 LKK: 109938
IDAC: 11/4/19

Surveyor: UMP ASSIGNMENT SP
DOI: 11/4/19 Date / Time: 11/4/19
Registered in Merimen: -

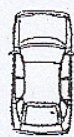
Pre-assign / CCU / FTE



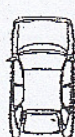
Insured Vehicle No. : PL15572 Claim No. : 59mon JV8
Name of Insured : POO SEE YEOW BUS SVS P/L Policy No. : 6x
Insured Tel No. : HP: Make / Model : -
Excess Sec II : SS 2000.00 D.O.A. : 9/4/19 Place of Accident : -
Is driver the owner? (YES / NO) (NO) Nature of Accident : -

If NO, Driver Name / Age : - OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : - (V/L: YES / NO) (YES) Insured Liability : 0 % Final ? Yes / No -

SPK 31868 → → → →



INSRS: Ho Bang
WSP: -
Tel: -
Liability: -
RMKS: -



INSRS: -
WSP: -
Tel: -
Liability: -
RMKS: -



INSRS: -
WSP: -
Tel: -
Liability: -
RMKS: -



INSRS: -
WSP: -
Tel: -
Liability: -
RMKS: -

Date/ Time		STAGE	DATE / PIC
	<u>SPK 31868, X ; PL 15572 - X</u>	Non-Reporting ltr (1st):	
	<u>* To request TP video!</u>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>26/11/19 @ 11.40am</u>	<u>- Spoke to OI (11.40am) Ms. Poo' she said that</u>	Call OI:	<u>7 8/5/19 - Khanchua</u>
<u>- Khanchua</u>	<u>he, daughter is the PIC and will ask her</u>	After call ltr to OI:	
	<u>daughter to call on Monday (29/11).</u>	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>415</u>	SS <u>770.00</u> (<u>7</u> . days) Reduction: <u>58</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>26/11/2019</u> Confirm with <u>Chris</u>		Email ☒ Call ☐
Final Liability:	% <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>7144.85</u>	SS <u>3572.43</u> (as per AA mandate)		(CONFLICTING VERSIONS)
Loss of Rental (LOR):	SS <u>-</u> (<u>-</u> days)		(PUTTING INTO LANE / FRONT LANE)
Loss of Use (LOU): <u>4W</u>	SS <u>200.00</u> (\$ <u>50</u> x <u>8</u> days)		
Loss of Income (LOI):	SS <u>-</u> (\$ <u>-</u> x <u>-</u> days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	SS <u>-</u>		
Medical:	SS <u>-</u>		1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS <u>-</u>	(e.g. Tow/Independent)	2) Report Format: <u>TP</u>
Legal Cost	SS <u>-</u>		3) Survey fee: <u>\$350.00</u>
Total:	SS <u>3772.43</u>	Global Sum SS: <u>3750.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	SS <u>3750.00</u>	Name 1: <u>Ho Bang Trading</u>	
Payee 2: (Strike if N.A.)	SS <u>-</u>	Name 2:	
Payee 3: (Strike if N.A.)	SS <u>-</u>	Name 3:	