

15/5/2010

INS. CASE OWNER:

CC 4/EQ1900 2770, J 263

LKK:
IDAC:

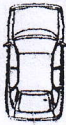
Surveyor: HJ.

ASSIGNMENT
DOI: 7/5/10

Date / Time: 7/5/10

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No.: GN 63362

Claim No.: —

Name of Insured: UNITED MULTI TRADES ENTERPRISE

Policy No.: DMYH218-004600

Insured Tel No.: — HP: —

Make / Model: NISSAN

Excess Sec II : \$\$ D.O.A: 26/4/10

Place of Accident: AIRPORT RD TMS BAY A
VERAR RD

Is driver the owner? (YES / NO) Nature of Accident: —

If NO, Driver Name / Age: MD FERNAN

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

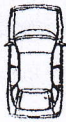
Driver Tel No.: — (V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SPC 50814

GN 63362

SPK 1255L

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS: 01INSRS:
WSP:
Tel:
Liability:
RMKS: TPINSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SPK 1255L - not a car crash
GN 63362 - xBola 28, 3 car crash collision
and 02 was the second vehicle it was pushed by
behind vehicle, send letter to 02

FINALIZED

TP LOD IN BY EMAIL

08/11/19

SEND 1st OFFER TO TP.

TP ACCEPTED OFFER. NO BV

ALL DOCS IN ORDER.

TO CLOSE.

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: 31/7/2019

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher: NO BV

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: 08/11/19

Sent By: BJ

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 49 \$5,600.00 (6 days) Reduction: 27 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/11/19 Confirm with: MRS WONG

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 28

If NO or B 28, Ass. Lia: 0%

Repair Cost: \$5,600.00

Loss of Rental (LOR): \$ (days)

Loss of Use (LOU): \$640.00 (\$80 x 8 days)

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

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

GIA/LTA Search \$2.00

Medical: \$

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

Legal Cost \$

Total: \$6,242.00

Global Sum \$\$: —

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$400.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: \$6,242.00

Name 1: LONG SHENG MOTOR SERVICE

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

Name 2:

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

Name 3: