

15/5/2010

INS. CASE OWNER:

SAUHA

CC 6 /AIG1900

LKK:

IDAC:

Surveyor:

MURMY

DOI:

ASSIGNMENT

6/5/10

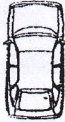
Date / Time :

6/5/10

Registered in Merimen:

6/5/10

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLZ 65394

Claim No. :

34737750556

Name of Insured :

XOD Box VN

Policy No. :

18015464

Insured Tel No. :

HP:

Make / Model :

KVA

Excess Sec II :\$S

D.O.A :

26/4/10

Place of Accident :

KONKANT AREA

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

MH KIN HWA

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

Driver Tel No. :

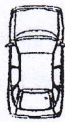
(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

GBB 7447P



INSRS:

WSP:

Tel :

Liability :

RMKS:

VIN BRO



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time |                                                            | STAGE                             | DATE / PIC                          |
|------------|------------------------------------------------------------|-----------------------------------|-------------------------------------|
|            | GBB 7447P - 4                                              | Non-Reporting ltr (1st):          |                                     |
|            | SLZ 65394 - 4                                              | Non-Reporting ltr (2nd):          |                                     |
| 09/05/10   | W/ SL. SPOKE TO OI, INFORMED TP CLAIM AND ASKED NCP LEADS. | Non-Reporting ltr (Final):        |                                     |
| @ 2:00PM   | SEND LETTER TO OI.                                         | Notification ltr (if non-pickup): |                                     |
|            | PINKUDED                                                   | Call OI:                          |                                     |
|            | TP LOD IN.                                                 | After call ltr to OI:             | > 9/5/10                            |
|            | OI VIDEO UPLOADED IN MERIMEN                               | Documentation Check List: Handler | Typist                              |
|            |                                                            | Notification ltr (if non-pickup)  | <input type="checkbox"/>            |
|            |                                                            | After call ltr to OI:             | <input checked="" type="checkbox"/> |
|            |                                                            | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|            |                                                            | Release Voucher:                  | <input checked="" type="checkbox"/> |
|            |                                                            | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|            |                                                            | Car Rental Invoice:               | <input type="checkbox"/>            |
|            |                                                            | Towing Invoice:                   | <input type="checkbox"/>            |
|            |                                                            | LTA / GIA:                        | <input checked="" type="checkbox"/> |
|            |                                                            | Medical Bill:                     | <input type="checkbox"/>            |
|            |                                                            | PIR:                              | <input type="checkbox"/>            |
|            |                                                            | Mandate/Reject Instruction:       | <input type="checkbox"/>            |
|            |                                                            | LOD                               | <input checked="" type="checkbox"/> |
|            |                                                            | Payment Breakdown Form:           | <input type="checkbox"/>            |
|            |                                                            | Post-Repair Photos:               | <input type="checkbox"/>            |
|            |                                                            | Others:                           | <input type="checkbox"/>            |

|                                                                                |                                                                      |                                    |                                                                         |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------|
| PRELIMINARY ADVICE                                                             | Date/Time:                                                           | Sent By:                           |                                                                         |
| FINALIZATION                                                                   | Date/Time:                                                           | Confirm with:                      | Confirm by:                                                             |
| Repair Cost: L16                                                               | \$S 1,300.00                                                         | ( 4 days) Reduction: 84 %          | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| FINAL SETTLEMENT                                                               | Date/Time: 08/08/10                                                  | Confirm with: GUBAN                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                               | % 100                                                                | (Agreed / Assessed) BOLA S/N No. : | 27                                                                      |
| Repair Cost:                                                                   | \$S 1,200.00                                                         |                                    | COLD RATE - 50000 TP                                                    |
| Loss of Rental (LOR):                                                          | \$S -                                                                | ( days)                            |                                                                         |
| Loss of Use (LOU):                                                             | \$S 480.00                                                           | ( \$ 80 x 6 days)                  |                                                                         |
| Loss of Income (LOI):                                                          | \$S -                                                                | ( \$ x days)                       |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> | [Tick only one]                    |                                                                         |
| GIA/LTA Search                                                                 | \$S 2.00                                                             |                                    |                                                                         |
| Medical:                                                                       | \$S -                                                                |                                    |                                                                         |
| Disbursement:                                                                  | \$S -                                                                | (e.g. Tow/ Independent )           |                                                                         |
| Legal Cost                                                                     | \$S -                                                                |                                    |                                                                         |
| Total:                                                                         | \$S 1,702.00                                                         | Global Sum \$S: 1,750.00           |                                                                         |
| FINAL PAYMENT                                                                  | Date/Time:                                                           | Confirm with:                      | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                       | \$S 1,750.00                                                         | Name 1:                            | LIU'S BROTHER AUTO ENGINEERING WORKSHOP                                 |
| Payee 2: (Strike if N.A.)                                                      | \$S -                                                                | Name 2:                            | -                                                                       |
| Payee 3: (Strike if N.A.)                                                      | \$S -                                                                | Name 3:                            | -                                                                       |