

INS. CASE OWNER:

CC6 / LPC1900 8617, AR63.

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

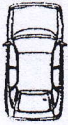
16/6/14

Date / Time:

14/6/14.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKP 40884

Name of Insured:

BOH KEM KUM

Insured Tel No.:

HP:

Excess Sec II :\$\$

D.O.A.:

10/6/14

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

18/11/14 / 16/5/14/88

Policy No.:

218V1901919

Make / Model:

WISSAM

Place of Accident:

JLN JERONG KEDAH

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

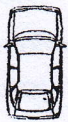
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

CB 68410



INSRS:

WSP:

Tel:

Liability:

RMKS:

WHT



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
CB 68410 ? SKP 40884	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:	

07/10/14 - EMAIL TO LPC TO RESORT CLAIM

08/10/14 - LPC APPROVED TO RESORT

- EMAIL TO TP TO RESORT CLAIM

- TO CLOSE.

Reject Case

By (staff) : VIC

Approved by : [Signature]

Date : 08-10-19

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 46	SS 2,000.00 (5 days)	Reduction: 78 %
Email ☐ Call ☐		Confirm by:
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
Repair Cost:	SS -	
Loss of Rental (LOR):	SS -	(days)
Loss of Use (LOU):	SS -	(\$ x 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 -	
Total:	SS -	Global Sum \$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS -	Name 1: -
Payee 2: (Strike if N.A.)	SS -	Name 2: -
Payee 3: (Strike if N.A.)	SS -	Name 3: -

01 VIDEO IN RESORT NO SETTLEMENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$400.00