

15/5/2010

INS. CASE OWNER:

CC 4/QBE1900

8745 11/5/19

LKK:
IDAC:

Surveyor:

MAREUS

DOI:

ASSIGNMENT

15/5/19

Date / Time :

16/5/19

Registered in Merimen:

Pre-assign / CCU / FTE

XE 4382K

Claim No. :

VC01NGY

Policy No. :

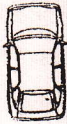
8-00019982-MUB

Make / Model :

MITSUBISHI

Place of Accident :

SUNGLI KADUT ST 6.



Insured Vehicle No. :

XE 4382K

Name of Insured :

STAR READY MIX P/L

Insured Tel No. :

HP:

11/5/19

Excess Sec II : \$\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

NONG NONG YONG.

Driver Tel No. :

(V/L: YES / NO)

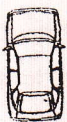
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SKT 9701L



INSRS:

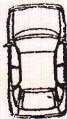
WSP:

Tel :

Liability :

RMKS:

ABWIN



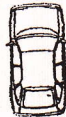
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
9/7/19	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
14/6/19	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: Email ☐ Call ☐		
FINALIZATION Date/Time: Confirm with: 82 % Email ☐ Call ☐		
Repair Cost: \$5 \$5 2150.00 (4 days) Reduction: 82 %		
FINAL SETTLEMENT Date/Time: Confirm with: 22 %		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22		
Repair Cost: \$5 - (days)		
Loss of Rental (LOR): \$5 - (\$ x days)		
Loss of Use (LOU): \$5 - (\$ x days)		
Loss of Income (LOI): \$5 - (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$5 -		
Medical: \$5 -		
Disbursement: \$5 - (e.g. Tow/ Independent)		
Legal Cost \$5 -		
Total: \$5 - Global Sum \$\$: Email ☐ Call ☐		
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1: \$5 - Name 1: -		
Payee 2: (Strike if N.A.) \$5 - Name 2: -		
Payee 3: (Strike if N.A.) \$5 - Name 3: -		

OI REVERSE HIT TP vehicle.

NO SETTLEMENT WP REPORT QBE WILL HANDLE SETTLEMENT

1) Claim status: Normal/Reject/Private Settle
2) Report Format: WP REPORT
3) Survey fee: \$300.00