

15/5/2010

INS. CASE OWNER:

CC 4 / EGI1900

9604, E h b 3

LKK:

IDAC:

Surveyor:

9/8/11

DOI:

ASSIGNMENT

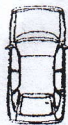
7/6/11

Date / Time :

29/5/11

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YN7433T

Claim No. :

Name of Insured :

BETA NEWELL SUPPLIES & TRADING CO
PH

Policy No. :

DME G19000490

Insured Tel No. :

HP:

28/5/11

Make / Model :

MITSUBISHI

Excess Sec II : \$\$

D.O.A :

Place of Accident :

JTA GAYLARD

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : SEE KUP BOON

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

Driver Tel No. :

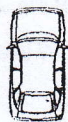
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

96048917



INSRS:

WSP:

Tel :

Liability :

RMKS:

TC



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
20/09/11	MUR REVIEWED. OLD LEFT CO. BOSS REPORTED, NOT AWARE OF THE ACCIDENT.	Call OI:	
		After call ltr to OI:	20/09/11 - VHC
		Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
12/10/11	PERO INSTRUCTED TO SUBMIT WP REPORT & INVOICE	Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice:	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: 10/06/11	Post-Repair Photos:	
	Sent By: BS	Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/B	\$5,914.66	8 days) Reduction: 8 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	\$ -		
Loss of Rental (LOR):	\$ -	(days)	
Loss of Use (LOU):	\$ -	(\$ x days)	
Loss of Income (LOI):	\$ -	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]	
GIA/LTA Search	\$ -		
Medical:	\$ -		
Disbursement:	\$ -	(e.g. Tow/ Independent)	
Legal Cost	\$ -		
Total:	\$ -	Global Sum \$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$ -	Name 1:	
Payee 2: (Strike if N.A.)	\$ -	Name 2:	
Payee 3: (Strike if N.A.)	\$ -	Name 3:	

NO SETTLEMENT WP REPORT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$ 250.00