

INS. CASE OWNER:

NORSAH

CC 4, ALH 190 10983, K 9a3

LKK:

IDAC:

Surveyor:

KGC

DOI:

ASSIGNMENT

20/6/2019

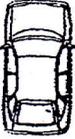
Date / Time :

20/6/19

Registered in Merimen:

21/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLJ 2349L

Claim No. :

619863169366

Name of Insured :

Zay Wai Han

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

16/6/2019

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

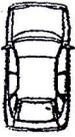
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

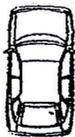
Final ? Yes / No

SLQ 2132H

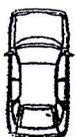


INSRS: WSP: Tel: Liability: RMKS:

Entertainment



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time

SLQ 2132H - X ; SLJ 2349L - X

STAGE

DATE / PIC

13/08/19 - FILE REVIEWED. OLD REPAIR-ENDED TP. SEND LETTER to BULHIC TO TP. FINAIALIZED. TP LOP IN BY EMAIL

13/08/19

SEND ACCEPTANCE EMAIL TO TP. DU IN ALL BOCS IN ORDER. TO CLOSE.

13/09/19

SEND ACCEPTANCE EMAIL TO TP. DU IN ALL BOCS IN ORDER. TO CLOSE.

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

13/08/19-VIC

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

SS 1,517.35 (3 days) Reduction: 68 %

Email Call

FINAL SETTLEMENT

Date/Time: 16/09/19

Confirm with: CATHY

Email Call

Final Liability: %

100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (w/6yr)

SS 1,623.56

COI REPAIR-ENDED TP

Loss of Rental (LOR):

SS 287.76 (4 days) x \$ 71.94 (CORR)

Loss of Use (LOU):

SS - (\$ x days)

Loss of Income (LOI):

SS - (\$ x days)

LOR only LOU only

LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search

SS 7.45

Medical:

SS -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

SS -

(e.g. Tow/Independent)

2) Report Format:

Legal Cost

SS -

3) Survey fee:

\$ 320.00

Total:

SS 1,918.77 Global Sum SS: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1:

SS 1,918.77

Name 1: ESTEEM PERFORMANCE PTB LTD

Payee 2: (Strike (N.A.))

SS -

Name 2:

-

Payee 3: (Strike (N.A.))

SS -

Name 3:

-