

INS. CASE OWNER:

004/LPC 19012271

R1 ha39

LKK:

ADAC:

Surveyor:

RAGUL

DOI:

ASSIGNMENT

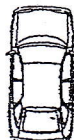
16/07/19

Date / Time:

11/07/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GIBE 2875D

Name of Insured:

Huy Shm Butchus PLC

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

5/7/19

Is driver the owner?

(-YES / (NO))

Nature of Accident:

Claim No.:

11/19/19 / VC05/022051

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

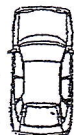
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SME 2772L



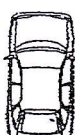
INSRS:

WSP: kah motor

Tel:

Liability:

RMKS:



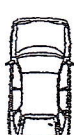
INSRS:

WSP:

Tel:

Liability:

RMKS:



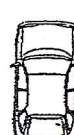
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
	SME 2772L = X	Non-Reporting ltr (1st):	
	GIBE 2875D = N/A/LPC 19012271/24; D.O.A: 5/7/19	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
15/07/19	- #115 POLICED. OIL INVOLVED IN A 3 VEH. C.C.; OIL 2ND CAT.	Notification ltr (if non-pickup):	
	- EMAIL LIABILITY CLERK	Call OI:	
	- MINARIED	After call ltr to OI:	
		Documentation Check List: Handler Typist	
10/08/19	- TYPE REPORT WHILE PENDING TP LOD	Notification ltr (if non-pickup)	
	- REPORT DONE	After call ltr to OI:	
	- TP LOD IN BY EMAIL	Authorisation To Act:	
		Release Voucher:	
05/10/19	- 900K WARRANTS APPROVAL TO LPC	Final Repair Bill:	
		Car Rental Invoice:	
30/10/19	- LPC APPROVED WARRANTS	Towing Invoice	
	- SEND ACCEPTANCE EMAIL TO TP.	LTA / GIA:	
	- DU IN. ALL DOCS IN ORDER.	Medical Bill:	
	- TO CLOSE.	PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: 18/07/19	Post-Repair Photos:	
	Sent By: 93	Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	SS 6,269.04 (6 days) Reduction: 43 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/11/19	Confirm with: P/200000	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. 28		If NO or B 28, Ass. Lia: 0%
Repair Cost: C/W/GST	SS 6,707.86		(3 VEH. C.C.; OIL 2ND CAT)
Loss of Rental (LOR) (W/GST)	SS 535.00 (5 days) X \$100.00		
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 2.00		
Medical:	SS -		
Disbursement:	SS - (e.g. Tow/ Independent)		
Legal Cost	SS -		
Total:	SS 7,244.86	Global Sum SS: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS 7,244.86	Name 1: KAH MOTOR CO. SDN. BHD.	
Payee 2: (Strike if N.A.)	SS -	Name 2: -	
Payee 3: (Strike if N.A.)	SS -	Name 3: -	