

Express (due on 11/11/12)
To Close within 3 WDS
Sent: 08/11/19

15/5/2010

INS. CASE OWNER: ~~PERMANENT~~

CC 3/ AIG 190 12502, Rha

ASSIGNMENT

Surveyor:

RASUL

DOI:

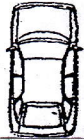
16/07/19

Date / Time

Registered in Merimen:

16/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLT 3757 H

Name of Insured :

Shazib Pervaiz

Insured Tel No. :

HP:

Claim No. :

256142339309

Policy No. :

Make / Model :

Place of Accident :

Excess Sec II :SS

D.O.A :

14/07/2019

Is driver the owner?

(YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age :

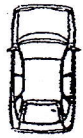
Driver Tel No. :

(V/L: ☒ YES / NO)

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

Insured Liability : % Final ? Yes / No

SLD 5822 Z



INSRS:

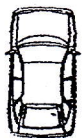
WSP:

Tel :

Liability :

RMKS:

pm2



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLD 5822 Z - X; SLT 3757 H - X

STAGE

DATE / PIC

16/07/19

FILE REVIEWED. OI REPORTED SHE WAS MAKING A RIGHT TURN @ JUNCTION WHEN HIT BY A VEHICLE. THE IMPACT CAUSED OI VEHICLE TO HIT ANOTHER VEHICLE (TP) STATIONARY AT THE TRAFFIC JUNCTION. COND LETTER TO OI TO NOTIFY TP CLAIM IN NCD ISSUES.

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI: 18/07/19 - 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:

24/07/19

EMAIL TO TP TO REQUEST EVIDENCE.

EMAIL LIABILITY CLERK

FINALISED.

ORIGINAL TP LOD IN

TYPE REPORT FOR MANDATE APPROVAL

REPORT DONE

11/09/19

BOOK MANDATE TO AIG BY EMAIL/MERIMEN

10/10/19

AIG APPROVED MANDATE. LOD @ 11/01/2020.

SEND 1ST OFFER TO TP.

TP ACCEPTED OFFER.

07/11/19

ALL DOCS IN ORDER TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

SS\$ 20,021.95 (7 days) Reduction: 13 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 07/11/19

Confirm with:

CAROLINE

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 35(2)(i)

If NO or B 28, Ass. Lia :

Repair Cost: (w/loss)

SS\$ 21,423.49

COID TURNING @ JUNCTION

Loss of Rental (LOR):

SS\$ - (days)

5 VEH. INVOLVED

Loss of Use (LOU):

SS\$ 1,100.00 (\$ 110 x 10 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\$ -

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\$ 22,525.49

Global Sum SS: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS\$ 22,525.49

Name 1:

PERFORMANCE MOTORS LIMITED

Payee 2. (Strike if N.A.)

SS\$ -

Name 2:

Payee 3. (Strike if N.A.)

SS\$ -

Name 3: