

15/5/2010

INS. CASE OWNER:

CC 4/EGI1901

4453, B663

LKK:

IDAC:

Surveyor:

brynn

DOI:

ASSIGNMENT

15/8/19

Date / Time:

19/8/19

Registered in Merimen:

19/8/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

XB 77715

Name of Insured:

OR KIM DEOW UNLIMITEDS P/L

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

15/8/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

THOMSON

RM RMEN

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

DM CAISD02840

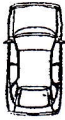
MPC02840

TPE TMS MAND

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

Insured Liability: % Final ? Yes / No

SHA 429AD



INSRS:

WSP:

Tel:

Liability:

RMKS:

Chunni



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 429AD - as indicated on report 15/8/19	Non-Reporting ltr (1st):	
	XB 77715 - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
26/08/19	- MUE 429AD. OLD HIT 2 VEHICLES. SEND LETTER IN BULK TO OI TO NOTIFY TP CLAIM A NCD KINGS. PINACHED	Call OI:	
		After call ltr to OI:	26/08/19 - OLC
		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:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 46	\$5700.00	(8 days) Reduction: 49 %	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	NIL	If NO or B 28, Ass. Lia:
Repair Cost:	\$5			(OLD HIT 2 TP)
Loss of Rental (LOR):	\$5	(days)		
Loss of Use (LOU):	\$5	(\$ x days)		
Loss of Income (LOI):	\$5	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐				NO SETTLEMENT WILL HANDLE SETTLEMENT
GIA/LTA Search	\$5			
Medical:	\$5			
Disbursement:	\$5	(e.g. Tow/ Independent)		
Legal Cost	\$5			
Total:	\$5	Global Sum \$5:		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
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Payee 1:	\$5	Name 1:	
Payee 2: (Strike if N.A.)	\$5	Name 2:	
Payee 3: (Strike if N.A.)	\$5	Name 3:	