

1/3/2010

INS. CASE OWNER:

BENNIE

CC 4/AIG1901 6015

LKK:

IDAC:

Surveyor:

MR LIM

DOI:

ASSIGNMENT
10/09/19

Date / Time:

11/11/19

Registered in Meriten:

11/11/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKE 9717A

Claim No.:

570095587466

Name of Insured:

Daimler Fleet Management

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$

D.O.A.:

30/8/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

OI GIA REPORT: YES

NO: TP GIA REPORT: YES

NO

If NO, Driver Name / Age: TOH WEE WEI

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final? Yes / No

SKE 7861A



INSRS:

WSP:

Tel:

Liability:

RMKS:

Tenwork



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKE 7861A-X

SKE 9717A-X

STAGE

DATE / PIC

17/09/19

FILE PROVIDED. OLD RATE - ENDED TP.
CAND LETTER IN EMAIL TO OI TO NOTIFY
TP CLAIM IN NCB ISSUES.EMAIL LIABILITY CLERK
TO FINANCE CORP

FINISHED

TP LOD IN BY EMAIL

UPLOAD IA IN WORKBOOK

03/10/19

04/01/2020

settled a ched (A/C in driver).

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI: 17/09/19-01c

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:

L15

\$5,500.00

(4 days)

Reduction:

74

%

Email

Call

FINAL SETTLEMENT

Date/Time:

04/09/2020

Confirm with:

KEITH

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

(w/ GST)

\$5,815.00

COLD LETTER - ENDED TP

Loss of Rental (LOR):

\$5

(days)

Loss of Use (LOU):

\$5 720.00

x 6 days

x \$120.00

Loss of Income (LOI):

\$5

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$5

7.49

Medical:

\$5

-

Disbursement:

\$5

-

(e.g. Tow/ Independent)

Legal Cost

\$5

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

TP
\$120.00

Total:

\$5,542.49

Global Sum \$5:

5,220.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

5,220.00

Name 1:

TENWORK GARAGE PTB LTD

Payee 2: (Strike if N.A.)

\$5

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$5

-

Name 3:

-