

15/5/2010

INS. CASE OWNER:

CC 4/1111901 6579, 6 q63

LKK:

IDAC:

Surveyor:

x62

DOI:

ASSIGNMENT

14/1/14

Date / Time:

18/1/14

Registered in Merimen:

intatua

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 61945

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ _____ D.O.A : 14/1/14

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

SLV 7923H

INSRS:
WSP: allswell
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
SLV 7923H - X	Non-Reporting ltr (1st):	
SH 61945 - X	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	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 \$ \$ 2738.60 (4 days) Reduction: 1086.90 % 28		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 09/05/2020 Confirm with BEN		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: \$ \$ 2930.30 (W/GST)		
Loss of Rental (LOR): \$ \$ (days)		
Loss of Use (LOU): \$ \$ 320.00 (\$ 80 x 4 days)		
Loss of Income (LOI): \$ \$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$ \$ 7.45		
Medical: \$ \$		1) Claim status: ☐ Normal/Reject/Private Settle
Disbursement: \$ \$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost \$ \$		3) Survey fee: \$350.00
Total: \$ \$ 3257.75	Global Sum \$ \$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: \$ \$ 3257.75	Name 1: ALLSWELL MOTOR TRADERS	
Payee 2: (Strike if N.A.) \$ \$	Name 2:	
Payee 3: (Strike if N.A.) \$ \$	Name 3:	