

1/2/2018

INS. CASE OWNER:

Winnie

CC 4 ASM

8259, A p239

LKE
IDAC

Surveyor:

Adwan

DOI:

ASSIGNMENT

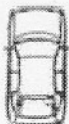
12/10/19

Date / Time:

12/10/19

Registered in Merimen:

Pre-assign / CCU / PTE



Insured Vehicle No.:

SME 3039H

Claim No.:

S9M0230C/142026

Name of Insured:

UM TZE JEK, RELVIN (UN ZIJIE RELVIN)

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$5

D.O.A.:

10/10/19

Place of Accident:

Is driver the owner?

(YES) / NO

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L) (YES) / NO

OI GLA REPORT YES / NO : TP GLA REPORT YES / NO

Insured Liability:

Final ? Yes / No

SVE 556U



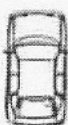
INSRS:

WSP:

Tel:

Liability:

RMKS:

my
Sumatra

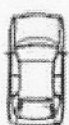
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

STAGE

DATE / PIC

Non-Reporting Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI:

After call Itr to OI:

Documentation Check List: Handler Typist

Notification Itr (if non-pickup):

After call Itr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

ITA / GLA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

21/10/19

AXA instruction: reject TP claim

"

Email to TP: reject claim

15/11/19

KU - SMA P - to close

21/11/19

Need to amend Lick
make fee from \$350 -> \$250-> AXA directly give instruction to reject
Lick only conducted survey

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia.:

Repair Cost:

\$5

Loss of Rental (LOR):

\$5

(days)

Loss of Use (LOU):

\$5

(5 x days)

Loss of Income (LOI):

\$5

(5 x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GLA/ITA 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

Call

Payee 1:

\$5

Name 1:

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

\$250.00

21/11/19