

15/5/2010

INS. CASE OWNER:

CC 6/AIG1902 1211, A663

LKK:

IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

2/12/19

Date / Time :

7/1/19

Registered in Merimen:

7/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKC 2282T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 29/12/19

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

SLT 2444

INSRS: HUA
WSP: MENG
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	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: LWP		
Repair Cost: L/S \$5,300.00 (6 days) Reduction: 55 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 18.08.20 Confirm with: JING YEE Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: \$5,300.00	OI REAR ENDED TP	
Loss of Rental (LOR): \$ - (days)		
Loss of Use (LOU): \$360.00 (\$ 60 x 6 days)		
Loss of Income (LOI): \$ - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$7.49		
Medical: \$ -	1) Claim status: Normal/Project/Dispute/Scrub	
Disbursement: \$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost \$ -	3) Survey fee: \$320	
Total: \$5,667.49 Global Sum \$:		
FINAL PAYMENT Date/Time: 18.08.20 Confirm with: JING YEE Email ☐ Call ☐		
Payee 1: \$5,667.49 Name 1: HUA MENG SPRAY PAINTING WORKSHOP		
Payee 2: (Strike if N.A.) \$ Name 2:		
Payee 3: (Strike if N.A.) \$ Name 3:		