

INDEPENDENT SURVEY REPT. TO TPURSP.

INS CASE OWNERS: JAS (M) | CC 4, ASM 1900 5994, 108586

ASSIGNMENT: 12/14/19

DATE: 4/4/2019

Yp7701J "VIRTUAL" 59m014A

Insured Vehicle No: _____

Name of Insured: _____

Insured Tel No: _____ HP: _____

Excess Sec II SS: _____ D.O.A: 3/4/2019

Is driver the owner? (YES / NO) _____

Nature of Accident: _____

If NO, Driver Name / Age: _____

Driver Tel No: _____ (VL: YES / NO) _____

CI GIA REPORT: YES / NO _____ TP GIA REPORT: YES / NO _____

Insured Liability: _____ % Final ? Yes / No _____

INSRS: WSP: _____ Tel: _____ Liability: _____ RMCS: _____

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INSRS: WSP: _____ Tel: _____ Liability: _____ RMCS: _____

INSRS: WSP: _____ Tel: _____ Liability: _____ RMCS: _____

Date/Time: 18/4/19

Yp7701J - X : Yp6624E - X

26/10/19 AccA repudiate TP claim.

26/10/19 Email to workshop repudiate TP claim.

→ Need to reopen rpt & invoice to amend survey report figure. As there is 2 supplementary items.

OK 18/11

PRELIMINARY Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____

Repair Cost: \$5 (days) Reduction: %

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____

Final Liability: % (Agreed / Amended) BOLA S/N No: _____

Repair Cost: \$5

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 + LOI ☐ (Tick only one)

GIA/LTA Search: \$5

Medical: \$5

Disbursement: \$5 (e.g. Travel Independence)

Legal Cost: \$5

Total: \$5 Global Sum \$5:

FINAL PAYMENT Date/Time: _____ Confirm with: _____

Payee 1: \$5 Name 1: _____

Payee 2 (Strike if N/A): \$5 Name 2: _____

1) Claim status: Normal/Reject/Dispute/Settle

2) Report Format: WSP

3) Survey fee: 18250.00

Hi Mr Lau, need your approval to reopen this case to amend the recommended amount as there is 2 supplementary items omitted in the report. Thanks