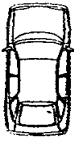


INS. CASE OWNER:

ASSIGNMENTSurveyor: KENNETHDOI: 04/03/2021Date / Time : 10/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : FBQ 9242XClaim No. : S0M02YEMName of Insured : MOHAMAD AZNY AZWANY BIN MOHAMAD SHAHPolicy No. : P2393838

Insured Tel No. : _____ HP: _____

Make / Model : _____

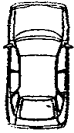
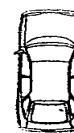
Excess Sec II : \$ _____ D.O.A : 04/12/2020 18:00Place of Accident : Guillemard Road

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**GBH 1862GINSRS:
WSP: LIM YEW BOO
Tel : SPRAY
Liability: PAINT CO.
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBH 1862G - X		
	FBQ 9242X - NA/TMI20008460/z4 ; 13.08.2020	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: KSC	
Repair Cost: L/S \$2,150.00	(5 days) Reduction: 52%	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 13.05.22 Confirm with: SERENE	Email ☐ Call ☐	
Final Liability: 100	% 80 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: \$2,150.00	\$S 1,720.00	TP MAKE A RIGHT TURN / OI OVERTAKE FROM THE RH	
Loss of Rental (LOR): -	\$S - (_____ days)		
Loss of Use (LOU): \$320.00	\$S 256.00 (\$ 80 x 4 days)		
Loss of Income (LOI): -	\$S - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search \$7.45	\$S 7.45		
Medical: -	\$S -	1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement: -	\$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost -	\$S -	3) Survey fee: \$350	
Total: \$2,477.45	\$S 1,983.45	Global Sum \$S:	
FINAL PAYMENT	Date/Time: 13.05.22 Confirm with: SERENE	Email ☐ Call ☐	
Payee 1:	\$S 1,983.45	Name 1: LIM YEW BOO SPRAY PAINT CO	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	