

INS. CASE OWNER:

Priya

CC 4 / III 170 22940 1M/K23

LKK:

IDAC:

Surveyor:

MA CHAN FOOLC

DOI:

ASSIGNMENT

04/12/17

Date / Time:

04/12/17

Registered in Merimen:

04/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 3205G

Claim No.:

Name of Insured:

CTPL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

HYUNDAI I40

Excess Sec II :SS

D.O.A.:

25/11/17

Place of Accident:

SERANGGON RD R4 ST GEORGE
RD

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age: QUEK CHIN CHONG

GI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No.:

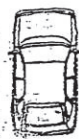
(V/L ☒ YES / NO)

Insured Liability:

%

Final ? Yes / No

CLS 8054A



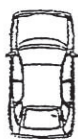
INSRS:

WSP: Kian Teong

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

Date / Time		STAGE	DATE / PIC
	CLS 8054A - X		
	SHA 3205G - CC3/AG 16016214/Hleg3g2 DOA: 25/08/16	Non-Reporting ltr (1st):	
	- CC2/AXA 11026486/Hleg3g2 DOA: 22/12/11	Non-Reporting ltr (2nd):	
	- CC6/III 15017543/Fwg3g2 DOA: 15/08/15	Non-Reporting ltr (Final):	
	- CC3/III 11022530/Agg-1 DOA: 01/11/11	Notification ltr (if non-pickup):	
	- CS3/III 11022530/Ggm DOA: 01/11/11	Call OI:	
	- NA/INC 10009352/SI DOA: 13/05/10	After call ltr to OI:	
	- NS/INC 15013549/Hlggn2 DOA: 15/08/15	Documentation Check List:	Handler Typist
04/12/17 (2am)	* Estimate Incomplete	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:

S\$

(

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:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

