

INS. CASE OWNER:

JOWYN

CC 3 / CTI17023461 / Kleaz

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

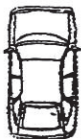
08/12/17

Date / Time:

08/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GW 373 U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 07/12/17

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

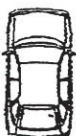
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SH 8925L

INSRS:
WSP: ODGE (Layang)
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time	STAGE	DATE / PIC
SH 8925L - CC3 / ATG 10005954 / F92P2-1 DOA: 25/03/10	Non-Reporting ltr (1st):	
- CC3 / CTI17020246 / H129372 DOA: 24/10/16	Non-Reporting ltr (2nd):	
- CS / JTE 10009721 / U691 DOA: 17/12/09	Non-Reporting ltr (Final):	
GW 373U - CS / INC 0802930 / H1 DOA: 29/12/07	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: 11/12/17 Sent By: Shirley Heng	Post-Repair Photos:	
	Others:	
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\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost S\$	3) Survey fee:	
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:		

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