

15/5/2010

INS. CASE OWNER:

Sawthorne

CC 4/AXA1702 2673, 19/11/14

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

ASSIGNMENT

19/11/14

Date / Time:

14/11/14

Registered in Merimen:

14/11/14

Pre-assign / CCU / FTE

Insured Vehicle No.

SHC 52605

Name of Insured

TRANS-LAB SERVICES PLC

Insured Tel No.

HP:

Excess Sec II :\$

2500

D.O.A:

10/11/14

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: NO TURT 45

Driver Tel No.:

(V/L/YES / NO)

Claim No.:

CO KGA34

Policy No.:

VPR 1D1680570

Make / Model:

RENAULT

Place of Accident:

BURNMOK EAST DR

OI GIA REPORT: YES / NO

YES

NO

TP GIA REPORT: YES / NO

YES

NO

Insured Liability:

%

Final ? Yes / No

SLQ 9437H

INSRS:

WSP:

Tel:

Liability:

RMKS:

pegasus

NON-ACC

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:

14/11/14

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