

INS. CASE OWNER:

Sherin

CC 4 / III 18000033 17/453

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

TAUFIKH

DOI:

02/01/18

Date / Time:

02/01/18

Registered in Merimen:

02/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 33825

Claim No.:

Name of Insured:

CTPL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

HYUNDAI I40

Excess Sec II : S\$

D.O.A.:

26/12/17

Place of Accident:

NORTH RUDNA 1/251A TUDAS  
AYER RAJAH AVE

Is driver the owner?

( YES / ☒ NO )

Nature of Accident:

LiNO, Driver Name / Age: NG KWEE YONG

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

Driver Tel No.:

(V/L: ☒ YES / NO )

Insured Liability:

%

Final ? Yes / No

FRE 2010H



INSRS:

WSP: HKL Lim

Tel:

Liability:

RMKS:



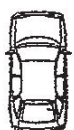
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

FRE 2010H - NSA/MSG17020227/Y DUA 19/10/17

STAGE

DATE / PIC

- NSA/MSG17024000/Y DUA 26/12/17

Non-Reporting ltr (1st):

SHC 33825 - CC2/ATG14022655/H124392 DUA 04/12/14

Non-Reporting ltr (2nd):

- NSA/MSG17024600/Y DUA 26/12/17

Non-Reporting ltr (Final):

02/01/18 (Tas 7)

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:

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

