

15/5/2010

INS. CASE OWNER:

Stacey

CCF AGM
/AXA1800

12/9,

p63

LKK:
IDAC:

ASSIGNMENT

Surveyor:

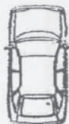
DOI:

Date / Time:

11/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLT 7719S

Claim No.:

S8M007EB 12621

Name of Insured:

xu Guozhu

Policy No.:

Insured Tel No.:

HP:

97879066

Make / Model:

PORSCHE

Excess Sec II :\$

D.O.A.:

08/01/18

Place of Accident:

open up beside nex shopping center

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

LI FANHUI

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

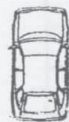
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

GBC1860M

INSRS:
WSP:
Tel:
Liability:
RMKS:tang
autoINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

21/1/18
LIT

GBC1860M to

SLT 7719S-X

* smart claim

" confirming liability. to interview insured and seek approval by settlement."

2/3/18 @ 3.21pm

called OIP, Ms Li. confirm accident. she said that TP passed by her very fast & collided onto OI veh. she insisted that TP was not stationary. TP false report. will check & get back to OIP.

12/12/19
LITNo survey done
to cancel case

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:

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

LOR + LOI

LOR + LOI

LOR + LOI

LOR + LOI

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GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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: