

INS. CASE OWNER:

Chamir

CC 4 / DAI 800 3381 / A pa3

LKY:

IDAC:

Surveyor:

ADP-AN

DOI:

ASSIGNMENT

2/1/18

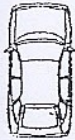
Date / Time:

21/02/18

Registered in Merimen:

Pre-assign / CCU / FTE

FBG 1427K



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A: 2/02/18

Place of Accident:

Is driver the owner? ( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

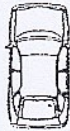
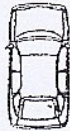
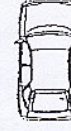
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SGY 481 E

INSRS:  
WSP: Modern  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time

SGY 481E-X;

FBG 1427K - call DAI 1401404 / Pre-assign - DAI: 2/1/18

2/1/18 To call Modern.

14/1/2018 -> NO development  
-> submit up to DAI

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:

2/1/18

Sent By:

LW

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P S\$ 1,512.72 ( 03 days) Reduction: 36 %

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\$:

1) Claim status: Normal/Reject/Private Settle (up)

2) Report Format: TP

3) Survey fee: \$150.00

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: