

15/5/2019

INS CASE OWNER:

CO 3

CTM

800 3981 / 5443

DAG

ASSIGNMENT

Surveyor:

ywk

DOI:

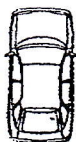
28/2/18

Date / Time:

28/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJC 8640R

Name of Insured:

K's Performance

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

28/2/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

8NM18001135001014405

Policy No.:

Make / Model:

Place of Accident:

Yishun Central.

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

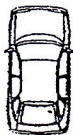
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SMB 3101 H



INSRS:

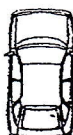
WSP:

Tel:

Liability:

RMKS:

Smb 7.12



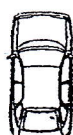
INSRS:

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: SCENE PHOTOS

PRELIMINARY ADVICE

Date/Time:

11/3/18

Sent By:

ywk

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L49

S\$

1,650.00

(

1

days)

Reduction:

15

%

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:

—

NO SETTLEMENT
REPUTATED
OI NON-REPORTING

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

NP REPORT

3) Survey fee:

4,250.00