

15/5/2010

INS. CASE OWNER:

CC 4/AXA1800 4748, T2/163

LKK:

IDAC:

Surveyor:

Tanfikh

DOI:

ASSIGNMENT

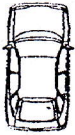
W/3/18

Date / Time :

12/3/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GQ 3890E

Name of Insured :

UHP VEE SAFETY TRADING

Insured Tel No. :

HP:

Excess Sec II : \$\$

D.O.A :

25/01/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

UHP VEE SAFETY TRADING

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

S 8M00ALU / 34636

Policy No. :

P 202/25

Make / Model :

TOYOTA

Place of Accident :

W3 JUNCTION EAST STN

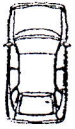
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SJZ 8128H



INSRS:

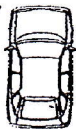
WSP:

Tel :

Liability :

RMKS:

Repents



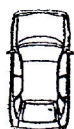
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

20/12/18

WC

SJZ 8128H-X

GQ 3890E-X

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:

20/12/18

Sent By:

DW

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

PIP

S\$

2,915.00 (3 days)

Reduction:

34

%

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\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

WP REPORT
\$750.00

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:

-