

15/5/2010

INS. CASE OWNER:

CC 3, CT 18006445, K1pa30

LKK:

IDAC:

Surveyor:

Ank

DOI:

ASSIGNMENT

6-4-18

Date / Time:

6-4-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II : \$5

Is driver the owner?

(YES / NO)

If NO, Driver Name / Age:

Driver Tel No.:

HP:

D.O.A: 4-4-18

Nature of Accident:

(V/L: YES / NO)

Claim No.:

Policy No.:

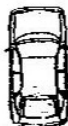
Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

SHA 3693E



INSRS:

WSP:

Tel:

Liability:

RMKS:

Charlovas



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

19/4

CM

19/4

2/5/18

2/6/18

2/6/18

2/6/18

2/6/18

2/6/18

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SHA 3693E - C21/G66 18003337 K1pa3; on: 14/4/18

- C14 (AXA 765 13057 H11 pa32; on: 21/4/18

- C14 (H11 160-748457 C21 pa32; on: 21/4/18

- C14 (H11 160-748457 C21 pa32; on: 21/4/18

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- C14 (H11 160-748457 C21 pa32; on: 21/4/18

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:

Confirm by:

Email ☐ Call ☐Email ☐ Call ☐

If NO or B 25, Ass. Lia:

Confirm by:

Email ☐ Call ☐Email ☐ Call ☐

If NO or B 25, Ass. Lia:

Confirm by:

Email ☐ Call ☐Email ☐ Call ☐

If NO or B 25, Ass. Lia:

Confirm by:

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If NO or B 25, Ass. Lia:

Confirm by:

Email ☐ Call ☐Email ☐ Call ☐

If NO or B 25, Ass. Lia:

Confirm by:

Email ☐ Call ☐Email ☐ Call ☐

If NO or B 25, Ass. Lia:

Confirm by:

Email ☐ Call ☐Email ☐ Call ☐

If NO or B 25, Ass. Lia:

PRELIMINARY ADVICE

Date/Time:

Sent By:

Confirm with:

days Reduction:

%

FINALIZATION

Repair Cost:

\$5

FINAL SETTLEMENT

Date/Time:

Confirm with:

William

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. 27

Repair Cost:

\$5

1712.00

Loss of Rental (LOR):

\$5

411.48

(2.5 days)

> \$164.59

Loss of Use (LOU):

\$5

-

(\$50 x 2.5 days)

Loss of Income (LOI):

\$5

125.00

(\$50 x 2.5 days)

LOR only ☐ LOU only ☐

\$5

7.49

LOR + LOU ☐ LOR + LOI ☐

[Tick only one]

LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

Legal Cost

\$5

Total:

\$5

2255.97

Global Sum \$5: 2250.00

FINAL PAYMENT

Date/Time:

Confirm with:

William

Payee 1:

\$5

2250.00

Payee 2: (Strike if N.A.)

\$5

Payee 3: (Strike if N.A.)

\$5

Name 1:

Comfort Design Engineering Pte Ltd

Name 2:

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

400.00

Email ☐ Call ☐Email ☐ Call ☐