

INS. CASE OWNER:

KC

CC 4, Asm 180 10549, T1 wa3

LEAD

50479

Surveyor:

MTH

DOI:

ASSIGNMENT

8/6/2018

Date / Time :

8/6/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJU 1018P

Claim No. :

SJM00JWR

Name of Insured :

KAREN DE ARWIS

Policy No. :

GA071913

Insured Tel No. :

HP:

Make / Model :

VOLVO XC90

Excess Sec II :SS

D.O.A :

06/06/18

Place of Accident :

WOKING RD WESSEX C/P.

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

YVONNE DE ALWIS NEE YOONH SIA YAP

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

Driver Tel No. :

98739628

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SJY 7408L



INSRS:

WSP: Auto wheels

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJY 7408L - X ; SJU 1018P - 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:

u/b

Sent By:

hm

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 [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

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:

