

INS CASE OWNER:

CL

CC4, ASM 180 11199, A3

LKK: 52566
IDAC:

ASSIGNMENT

Surveyor:

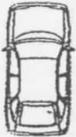
DOI:

Date / Time:

9
20/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBF 4950B

Claim No. :

58M00K9N

Name of Insured :

XIANH XIANH EXPRESS

Policy No. :

GA295488/1

Insured Tel No. :

HP:

Make / Model :

N-NV200

Excess Sec II :SS

D.O.A :

8/6/2018

Place of Accident :

PUMPER ROAD

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

CHUA BEG ENH

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

Driver Tel No. :

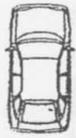
91799209

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

GBB2842P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Sing Ah Tee



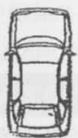
INSRS:

WSP:

Tel :

Liability :

RMKS:



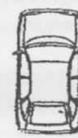
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
3/7/2018	GBB2842P - X ; GBF 4950B - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	To check MD's DL & to obtain evidence.	Notification ltr (if non-pickup):	
3/7/2018	spoke to OJD, she is the owner of the company, informed TP claim, she had no evidence, she mention she come out from the building, However she was stop at there and TP collided into her vehicle while passing by, informed her we will try to request evidence from TP first spoke to workshop, they have no video footage, only one scene photo 5/1/50	Call OI: 31/7/2018	
		After call ltr to OI: 31/7/2018	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:			
FINALIZATION Date/Time: Confirm with: Confirm by:			
Repair Cost:	S\$ (days) Reduction: %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: Confirm with		Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>
[Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format:	
Total:	S\$ Global Sum S\$:	3) Survey fee:	
FINAL PAYMENT Date/Time: Confirm with:		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ Name 1:		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		

CANCEL