

INS: CASE OWNER:

Gerald

CC 4,4PC 180 12944, U pa3n2

LKK:
IDAC:

Survivor:

Marius

DOI:

ASSIGNMENT

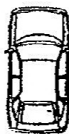
W	718
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Date / Time :

16/7/28

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

SJK 91737

Name of Insured

WTHH no change

Insured Tel No.

HP:

91543444

Excess Sec II :SS

D.O.A.:

13/7/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ~~YES~~ / NO)

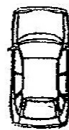
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES/ NO

Insured Liability :	%	Final ? Yes / No
1. General Liability	100	Yes
2. Professional Liability	100	Yes
3. Directors and Officers	100	Yes
4. Employment Practices	100	Yes
5. Fidelity and Bonding	100	Yes
6. Commercial Automobile	100	Yes
7. Aircraft and Heliport	100	Yes
8. Watercraft	100	Yes
9. Umbrella	100	Yes
10. Other	100	Yes

STV 5596 E

5JK 91737

SDP 3326 T



INSRS:
WSP:
Tel :
Liability
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

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INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time		STAGE	DATE / PIC
18/7/18	- Pending of video.	Non-Reporting ltr (1st):	
19/7/18	- Recd OI video.	Non-Reporting ltr (2nd):	
19/7/18	- Sent OI video to Gerald. Spoken to Gerald. Settle based on BOLA 28.	Non-Reporting ltr (Final):	
19/7/18	- Email to TP: PS.	Notification ltr (if non-pickup):	
20/7/18	- File pass to Marcus.	Call OI:	
21/7/18	- File pass to type machine.	After call ltr to OI:	
21/7/18	- Present	Documentation Check List:	Handler Typist
21/7/18	- File pass to Marburn to close	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: Sent By:			
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 (days) Reduction: %		
Loss of Rental (LOR):	\$S (\$ x 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:		