

INS. CASE OWNER:

CC 6, At 6480 13575, Ueb3

LKK:

IDAC:

Surveyor:

MARINS

DOI:

ASSIGNMENT

2/3/18

Date / Time :

2/3/18

Registered in Merimen:

2/3/18

Pre-assign / CCU / FTE

SOE 36364



Insured Vehicle No. :

SOE 36364

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

18/1/2018

Place of Accident :

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

XB9539J



INSRS:

WSP:

Tel :

Liability :

RMKS:

WSP
MFM



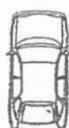
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

XB9539J - REAL INSURED 18/1/18 : DOA: 18/1/18
NATIVE 16/11/18/18 : DOA: 2/6/18

SOE 36364 - 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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: S\$

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\$

S\$

Loss of Rental (LOR): S\$

S\$

(days)

Loss of Use (LOU): S\$

S\$

(\$ x days)

Loss of Income (LOI): S\$

S\$

(\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search

S\$

Medical: S\$

S\$

1) Claim status: Normal/Reject/Private Settle

Disbursement: S\$

S\$

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost S\$

S\$

3) Survey fee:

Total: S\$

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1: S\$

S\$

Name 1:

Payee 2: (Strike if N.A.) S\$

S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

S\$

Name 3:

