

INS. CASE OWNER:

CC 4/16/18016029 / 6-443

IDAC:

Surveyor:

XHQ

DOI:

ASSIGNMENT

3/9/18

Date / Time :

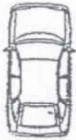
3/9/18

Registered in Merimen:

4/9/18

Pre-assign / CCU / FTE

SJX 1864 Y



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

30/8/2019

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

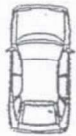
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

6BA 5870 T



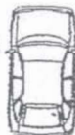
INSRS:

WSP:

Tel :

Liability

RMKS:

UNIMOTOR
COMPANY

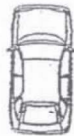
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

6BA 5870 T - X ; SJX 1864 Y - 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)	<input type="checkbox"/> <input type="checkbox"/>
After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
PIR:	<input type="checkbox"/> <input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:			
FINALIZATION		Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	\$S 2,800.00	(7 days)	Reduction:	77 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 17/07/2020	Confirm with Alvin		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :		
Repair Cost:	\$S 2,800.00					
Loss of Rental (LOR):	\$S 800.00	(8 days)	X \$100			
Loss of Use (LOU):	\$S -	(\$ x days)				
Loss of Income (LOI):	\$S -	(\$ x days)				
LOR only <input checked="" 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/ Private		
Legal Cost	\$S -			2) Report Format: TP		
Total:	\$S 3,600.00	Global Sum \$S:		3) Survey fee: \$320		
FINAL PAYMENT		Date/Time:	Confirm with:		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$S 3,600.00	Name 1:	Unimotor Company			
Payee 2: (Strike if N.A.)	\$S	Name 2:				
Payee 3: (Strike if N.A.)	\$S	Name 3:				