

Shwanna - 5/9

15/5/2010

INS. CASE OWNER:

SAUHA

CC 3/AIG1801

6425, N 163

LKK:

IDAC:

Surveyor:

NAZ

DOI:

ASSIGNMENT

7/1/18

Date / Time:

7/1/18

Registered in Merimen:

10/1/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLC 6260m.

Name of Insured:

MARY KIM BEAUTY

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A:

4/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

754457568759

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

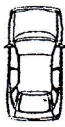
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHO 6260m.



INSRS:
WSP:
Tel:
Liability:
RMKS:

SMKT



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time		STAGE	DATE / PIC
12/1/18	SHO 6260m - x	Non-Reporting ltr (1st):	12/01/18 / 05/09/2019
	SLC 6260m - 4/1/18 1801 6260m / 4/1/18 1801 6260m	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:		Confirm by:	
FINALIZATION		Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	\$S	11,396.19	(9 days)	Reduction:	50 %	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 + LO ☐	[Tick only one]		
GIA/LTA Search	\$S					
Medical:	\$S					
Disbursement:	\$S	(e.g. Tow/ Independent)				
Legal Cost	\$S					
Total:	\$S	Global Sum \$S:				4) AR Fee -> \$ 2.54
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:				

WP REPORT
REPUTATED
NO SETTLEMENT
OIO PAY EMBROID TO TP

1) Claim status: Normal/Reject/Private Settle
2) Report Format: WP REPORT
3) Survey fee: \$ 320.00