

15/5/2010

INS. CASE OWNER:

CC 4 / EQ1801

LKK:

IDAC:

Surveyor:

Marcus

DOI:

ASSIGNMENT

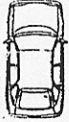
26/4/18

Date / Time:

26/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SEP 265H

Name of Insured :

LINA KONG YEW LEE

Insured Tel No. :

HP:

96669560

Excess Sec II : \$

D.O.A :

26/4/18

Is driver the owner?

YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

DMPPLA18-014528

Make / Model :

INFINITI

Place of Accident :

UPP PAYA LEBAR RD

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

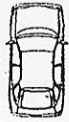
OI GIA REPORT YES / NO : TP GIA REPORT YES / NO

Insured Liability :

%

Final ? Yes / No

SU 5487R



INSRS:

WSP:

Tel :

Liability :

RMKS:

200m
interworks

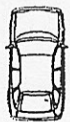
INSRS:

WSP:

Tel :

Liability :

RMKS:



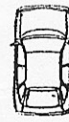
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SU 5487R
26/4/18
2:23pm
called OI, Mr Chua. No response.

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:

\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Cal

Final Liability:

%

(w)

(Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost:

\$

Loss of Rental (LOR):

\$

(

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

\$

Medical:

\$

Disbursement:

\$

(e.g. Tow/ Independent)

Legal Cost

\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$

Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

\$

Name 1:

Payee 2 (Strike if N.A.)

\$

Name 2:

Payee 3 (Strike if N.A.)

\$

Name 3: