

INS CASE OWNER:

CC 3, C71 180 B461, Kka3m2

LKK:  
IDAC:

Survivor:

KSC

DOI:

ASSIGNMENT

10.10.18

Date/Time:

10.10.18

Registered in Movement:

Pre-assign / CCU / FTE

GEO 6448H



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

EP:

Make / Model:

Excess Set III SS:

DOA:

8.10.18

Place of Accident:

Is driver the owner?

(YES/NO)

Nature of Accident:

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

IFNO, Driver Name / Age:

(VIL: YES/NO)

Insured Liability:

%

Final? Yes/No

Driver Tel No.:

SAC 5216B



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-Cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

STAGE

DATE / PIC

20/10

N/C

SAC 5216B - 43/7/11 - 2016396 / Kka3m2 : PRA: 11/8/17  
GEO 6448H - X- ORIG. TP LOD IN  
- CALL OIB. NO RESPONSE.03/04/19 @  
11:12 AM

3/4/19 @ 3.40 PM

- CALLED OI INFORM ACCIDENT DETAILS AND AWARE NCD ISSUES

8/11/19  
Bukhara

- File pass to type report.

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI: 5/4/19 - SL

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:

LIS SS 7,000

(5 days) Reduction 32,933.902%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

%

100

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

27

If NO or B 28, Ass. Lia:

Repair Cost:

(W/ GST)

SS 7,490

LOW (LOR + LOD + TP)

Loss of Rental (LOR):

SS

584.22

(7 days) x \$83.46

Loss of Use (LOU):

SS

-

(\$ - x - days)

Loss of Income (LOI):

SS

-

(\$ - x - days)

LOR only ☒LOU only ☐LOR + LOU ☐LOR + LOI ☐

(Tick only one)

GIA/LTA Search

SS

7.49

1) Claim status: Normal/Reject/Private Settle

Medical:

SS

-

2) Report Format:

Disbursement:

SS

-

(e.g. Tow/Independent)

3) Survey fee:

Local Cost

SS

-

Total:

SS

8,081.71

Global Sum SS:

Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

SS

8,081.71

Name 1:

TRANS-CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

Payee 3: (Strike if N.A.)

SS

-

Name 3: