

15/5/2010

INS. CASE OWNER:

KIAN HONG

CC /AIG1801

8885, G/hb3

LKK:

IDAC:

Surveyor:

x/hd

DOI:

ASSIGNMENT

18/10/18

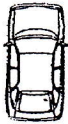
Date / Time:

16/10/18

Registered in Merimen:

17/10/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SUX 877H

Claim No.:

01777700159

Name of Insured:

KINS ESH SITUATIONS P/L

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$\$

D.O.A.:

17/10/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

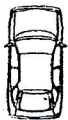
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SME 4787T



INSRS:

WSP:

Tel:

Liability:

RMKS:

D/W



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SME 4787T - X

SUX 877H - 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: 05102119 - vic

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:

P/P

\$\$

1,012.00

(2 days)

Reduction:

55

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Cal

Final Liability:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

\$\$

-

Loss of Rental (LOR):

\$\$

-

(days)

Loss of Use (LOU):

\$\$

-

(\$

x

days)

Loss of Income (LOI):

\$\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

\$\$

-

Medical:

\$\$

-

Disbursement:

\$\$

-

(e.g. Tow/ Independent)

Legal Cost

\$\$

-

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:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$250.00