

15/5/2010

INS. CASE OWNER:

CC 3 / III1801 8893 / 1963

LKK:

IDAC:

Surveyor:

FSC

DOI:

ASSIGNMENT

18/10/18

Date / Time :

18/10/18

Registered in Merimen:

12/10/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 17417

Name of Insured:

CPL

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

18/10/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Prima LHM7 PRM Paul

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model :

Toyota

Place of Accident :

WKF PLAZA TAYI STNO.

OI GIA REPORT: YES / NO :

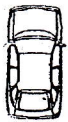
YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHC 5701m



INSRS:

WSP:

Tel :

Liability :

RMKS:

Transcab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

27/10/18
my

SHC 5701m - x

SHC 17417 - WKF PLAZA TAYI STNO. 18/10/18

Reject Case

By (staff) : Cecilia

Approved by : Vn

18/11/20

26/11/19

REQ FOR VIDEO FOR REVIEW

27/11

OI not in. Pending LHM7 approval:

26/11

Rejection email send to:

to get est list from FSC

27/11

OI number claim successful. Reject. mv

went to chop & sign.

18/11/20

NO estimate list. charge PRI as told

by CH.

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:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

500

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

BAC

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Reject

PRI

B120

Total:

S\$

Global Sum S\$:

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: