

CASE OWNER:

CC 3, CTI 180 18931, U ha3n2

LKK:

IDAC

Surveyor:

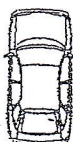
DOL:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$S

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES NO)

Claim No.:

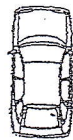
Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

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

7,177.00

(4 days)

Reduction:

39

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

MARE LOR

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

22

If NO or B 28, Ass. Lia:

Repair Cost:

\$S

7,679.39

Loss of Rental (LOR):

\$S

-

(days)

Loss of Use (LOU):

\$S

400.00

\$100 x

4 days)

Loss of Income (LOI):

\$S

-

(\$ x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

LOR + LOI

[Tick only one]

GIA/LTA Search

\$S

2.00

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

Total:

\$S

8,081.39

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

8,081.39

Name 1:

CYCLE 4 CARRIAGE - TULCO MOTOR DEALER PTE LTD

Payee 2: (Strike if N.A.)

\$S

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$S

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4 100.00