

15/5/2010

INS. CASE OWNER:

Richard CC 4 ACM AXA1801 AVOLO, A Whh

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

27/10/18

Date / Time :

14/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

FDM 975U

Claim No. :

SBMU0204/26125

Name of Insured :

SAMAT MUKHAMMAD PHAIR B.W.

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

18/10/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

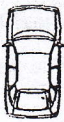
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SMA 9403C



INSRS:

WSP:

Tel :

Liability :

RMKS:

Chew motor



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

27/10/18
VIC

SMA 9403C

FDM 975U

STAGE

DATE / PIC

Non-Reporting ltr (1st):

19/10/18

Non-Reporting ltr (2nd):

08/11/18

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

27/10/18 - 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:

08/11/18

Sent By:

VIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

UG

S\$

2,700.00

(5

days) Reduction:

63

%

Email

Call

FINAL SETTLEMENT

Date/Time:

28/11/18

Confirm with

27/11/18

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

27

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

2,700.00

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

320.00

x

6

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

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GIA/LTA Search

S\$

7.45

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost

S\$

-

Total:

S\$

3,067.45

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

27/11/18

Confirm with:

27/11/18

Email

Call

Payee 1:

S\$

3,067.45

Name 1:

CHEW

MOTOR

PTE

UG

Payee 2: (Strike if N.A.)

S\$

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Name 2:

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Payee 3: (Strike if N.A.)

S\$

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Name 3:

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1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00