

INS. CASE OWNER:

PA

CC 4, Asm 180 19781, K1ja3

LKK: 78502
IDAC: 78502

Surveyor:

AWK

DOI:

ASSIGNMENT

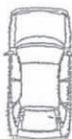
30/10/18

Date / Time:

30/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJF 28195

Claim No. :

58m0114V

Name of Insured :

Lay Su Yang.

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

29-10-18

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

SHC 6346C



INSRS:

WSP:

Premier

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 6346C - CC31M5617005746/H1rbn2; D.O.A: 18/10/18
SJF 28195 - X

30/10 OMR. Cont out 1st letter.

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: %

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

If NO or B 28, Ass. Lia :

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 + LOI

[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:

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:

