

INS. CASE NUMBER:

CC

6 / 11 1984 / Aha3

LKK:

IDAC:

Surveyor:

LWP

DOI:

ASSIGNMENT

31-10-18

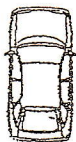
Date / Time:

31-10-18

Registered in Merimen:

31/10/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 3513B

Name of Insured:

CTPL

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A: 30-10-18

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.:

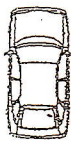
Make / Model:

Place of Accident:

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

Insured Liability: % Final? Yes / No

SGA 7256 U



INSRS:

WSP:

Tel:

Liability:

RMKS:

My Solution.



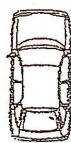
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

An
nc

05/10/18

20/02/19

20/02/19

04/04/19

SGA 7256 U, X;

SHD 3513B - LAXA 1107409 / H203K2 ; DUA: 19/01/19

POTENTIAL REJECT CLAIM
 FILE ROUTED. OI GOING STRAIGHT.
 TP TURNING. SEEK CASHIER U OI
 VIDEO FOOTAGE FROM III.

PINKUDED

OI VIDEO IN. UPLOADED BY U IN WORKMAN

OI GOING STRAIGHT @ HUBER. TP TURNING

SEEK RESTORATION APPROVAL

TP LOP IN BY GUAL

U REQUEST RESTORATION

TP VIDEO UPLOADED BY U IN WORKMAN

GUAL TO TP RESTOR CLAIM.

TO CLOSE.

Reject Case

By (staff) : V/C

Approved by : Ym

Date : 08-04-19

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

LH

S\$ 2,800.00

(8 days)

Reduction:

75 %

Confirm by:

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

0

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

5

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\$

-

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4350.00

CTP TURNING - OI VIDEO IN
 NO SETTLEMENT
 REJECT TP CLAIM