

INS. CASE OWNER:

CC

S, ALA 180 WY48, ECU

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

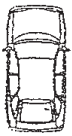
Date / Time:

13/11/2018

Registered in Merimen:

13/11/2018

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKW 1275R

Name of Insured:

TWINCAR Leasing PL

Insured Tel No.:

HP:

Claim No.:

Excess Sec II :S\$

D.O.A.:

11/11/2018

Policy No.:

Make / Model:

Place of Accident:

APIT open c/p

Is driver the owner?

(YES ☒ NO)

Nature of Accident:

If NO, Driver Name / Age:

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

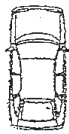
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

S/C 8018 E



INSRS:

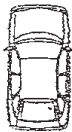
WSP:

Tel:

Liability:

RMKS:

pwr



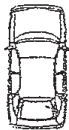
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

15/11

Aster

S/C 8018 E

SKW 1275R

NAI ALA 180 20480 / r3, BOA 11/11/18
 - C53/ALA 1600 2044 / Ughd1, BOA 15/11/18
 C53/ALA 1600 2044 / Ughd1, BOA 15/11/18
 C53/ALA 1600 2044 / Ughd1, BOA 15/11/18
 8/11/18

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:

21/11/18

Email WSP liability unclear.

01-10-19

To cancel No Survey done.

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:

% 0

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

24

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

TP Exit FROM PARALLEL PARKING LOT AND D.D.

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: