

15/5/2010

INS. CASE OWNER:

CC 3 WR / AIG1802 1173, 1

LKK:
IDAC:ASSIGNMENT

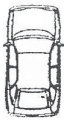
Surveyor: _____

DOI: _____

Date / Time: _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SE 82466Name of Insured : WR

Insured Tel No. : _____ HP: _____

Excess Sec II : SS _____ D.O.A : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

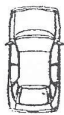
If NO, Driver Name / Age : OW 25Y 25Y 25Y

Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : 4546161864Policy No. : 00000059Make / Model : HondaPlace of Accident : Hongkong ST 61 4

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

Insured Liability : % Final ? Yes / No

SLN 4065XINSRS:
WSP:
Tel : premium
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
22/11/8 2007	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	204 28-11-18
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	☐
	After call ltr to OI:	☐
	Authorisation To Act:	☐
19-06-19 44	Release Voucher:	☐
	Final Repair Bill:	☐
	Car Rental Invoice:	☐
	Towing Invoice:	☐
	LTA / GIA :	☐
	Medical Bill:	☐
	PIR:	☐
	Mandate/Reject Instruction:	☐
	LOD	☐
	Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Others: ☐
Repair Cost:	SS (_____ days) Reduction: % _____ Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>22</u>	If NO or B 28, Ass. Lia :
Repair Cost:	SS	
Loss of Rental (LOR):	SS (_____ days)	
Loss of Use (LOU):	SS (\$ x days)	
Loss of Income (LOI):	SS (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	SS	2) Report Format:
Total:	SS Global Sum S\$: _____	3) Survey fee:
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Payee 1:	SS Name 1: _____	
Payee 2: (Strike if N.A.)	SS Name 2: _____	
Payee 3: (Strike if N.A.)	SS Name 3: _____	

CLOSED IN MERIMEN

CANCEL NO SURVEY.

DID COLLIDED W/
PARKED TPV