

15/9/2010

INS. CASE OWNER:

benne

CC³ /AIG1802

W5Y, 16h

LKK:

IDAC:

ASSIGNMENT

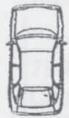
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJS 54426.

Name of Insured :

YEO SEOW HUI

Insured Tel No. :

HP:

Excess Sec II :\$

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

TOMKOK SING

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

7 2560425756

Policy No. :

MURBERT 02

Make / Model :

ferndh

Place of Accident :

AYE TUNGS LANS.

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

Insured Liability :

%

Final ? Yes / No

SF7 955AM



INSRS:

WSP:

Tel :

Liability :

RMKS:

Performance



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
20/11/18	Non-Reporting ltr (1st):	
20/11/18	Non-Reporting ltr (2nd):	
20/11/18	Non-Reporting ltr (Final):	
20/11/18	Notification ltr (if non-pickup):	
20/11/18	Call OI: 27/11/2018	
20/11/18	After call ltr to OI:	
20/11/18	Documentation Check List: Handler Typist	
20/11/18	Notification ltr (if non-pickup)	
20/11/18	After call ltr to OI:	
20/11/18	Authorisation To Act:	
20/11/18	Release Voucher:	
20/11/18	Final Repair Bill:	
20/11/18	Car Rental Invoice:	
20/11/18	Towing Invoice	
20/11/18	LTA / GIA :	
20/11/18	Medical Bill:	
20/11/18	PIR:	
20/11/18	Mandate/Reject Instruction:	
20/11/18	LOD	
20/11/18	Payment Breakdown Form:	
20/11/18	Post-Repair Photos:	
20/11/18	Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	\$	(days) Reduction:	%	Email	Call
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FINAL SETTLEMENT	Date/Time:	Confirm with:	Email	Call
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
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Repair Cost:	\$		
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Loss of Rental (LOR):	\$	(days)	
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Loss of Use (LOU):	\$	(\$ x days)	
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Loss of Income (LOI):	\$	(\$ x days)	
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LOR only	LOU only	LOR + LOU	LOR + LO	[Tick only one]
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GIA/LTA Search	\$		
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Medical:	\$		
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Disbursement:	\$	(e.g. Tow/ Independent)	
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Legal Cost	\$		
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Total:	\$	Global Sum \$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email	Call
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Payee 1:	\$	Name 1:	
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Payee 2: (Strike if N.A.)	\$	Name 2:	
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Payee 3: (Strike if N.A.)	\$	Name 3:	
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1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Email

Call

If NO or B 28, Ass. Lia :

KNO survey done