

15/5/2010

INS. CASE OWNER:

LEE HING YAO

CC 4 /AIG1802

21/7/18

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

26/11/18

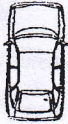
Date / Time :

26/11/18

Registered in Merimen:

26/11/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLW 1291M

Claim No. :

01267878959

Name of Insured :

BERNARD ROMAN UEMENT GASTON
BECKENH

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$\$

D.O.A :

26/11/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

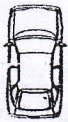
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SKA 46529



INSRS:

WSP:

Tel :

Liability :

RMKS:

Autowork
H. use.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
8/1/19	SKA 46529-4	Non-Reporting ltr (1st):	22/01/19
	FINANCIAL	Non-Reporting ltr (2nd):	21/02/19 - JSC AR
	MO 01 bin, sent out 26 letter.	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:
Repair Cost: 46	\$\$ 6,900.00 (7 days)	Reduction: 61 %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	\$\$	
Loss of Rental (LOR):	\$\$	(days)
Loss of Use (LOU):	\$\$	(S x days)
Loss of Income (LOI):	\$\$	(S x days)
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]
GIA/LTA Search	\$\$	
Medical:	\$\$	
Disbursement:	\$\$	(e.g. Tow/ Independent)
Legal Cost	\$\$	
Total:	\$\$	Global Sum \$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$\$	Name 1:
Payee 2: (Strike if N.A.)	\$\$	Name 2:
Payee 3: (Strike if N.A.)	\$\$	Name 3:

If NO or B 28, Ass. Lia :

NO SETTLEMENT

SUBMIT WP REPORT

NOTE TRADE POUCH

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$ 250.00