

15/5/2010

INS. CASE OWNER:

CC /LPC1900

LKK:

IDAC:

Surveyor:

KALWIN

DOI:

ASSIGNMENT

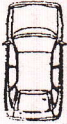
28/12/18

Date / Time:

28/12/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKD 1066C

Name of Insured:

MRN BOON KMT.

Insured Tel No.:

HP:

9679861

Excess Sec II :SS

D.O.A.:

28/12/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

18/18/14/105108763

Policy No.:

218V0510609

Make / Model:

AUDI

Place of Accident:

YISHUN HW 8 BY JLM OF YISHUN HW 1

If NO, Driver Name / Age:

Driver Tel No.:

(VIL: YES / NO)

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

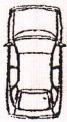
Insured Liability: %

Final ? Yes / No

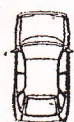
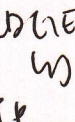
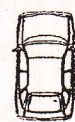
SKD 1066C

SHL 3816H

SYN 306K

INSRS:
WSP:
Tel:
Liability:
RMKS:

01

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

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:

PRELIMINARY ADVICE

Date/Time: 02/01/19

Sent By: kb

Reject Case
VIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

49

SS

5250.00

(

4

days) Reduction:

AG

by %

19/03/19

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

SS

-

Loss of Rental (LOR):

SS

-

(

4.5

days)

x \$

17.20

Loss of Use (LOU):

SS

-

(

20

x

15

days)

Loss of Income (LOI):

SS

-

(

S

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GI/LTA Search

SS

7.19

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$250.00

Total:

SS

-

Global Sum S\$:

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:

-

COPY SENT

LPC WILL BUILD TO REPAIR