

Lynn Khong

CC 4 /

1900

0394

71/1/19

LKK:

IDAC:

91553

INSURANCE:

MM

DOI:

ASSIGNMENT

8/1/19

Date / Time:

9

31/1/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SDE 7799J

Name of Insured : Ang Khim Keong.

Insured Tel No. : HP:

Excess Sec II : SS D.O.A : 2/1/2018

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

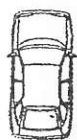
Insured Liability : % Final ? Yes / No

6BA 2861P

JGM 3122

YN 9351H

SDE 7799J - SKV 710M



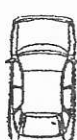
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Other:

TP

Date / Time

9/1/19
CPC

SKV 710M - X ; SDE 7799J - X

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: 2/8/2019

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:

Confirm by:

Repair Cost: \$1124.85 (3 days) Reduction: \$537.10 % 32

Email Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 784

If NO or B 28, Ass. Lia :

Repair Cost: \$

Loss of Rental (LOR): \$ (days)

Loss of Use (LOU): \$ (\$ x days)

Loss of Income (LOI): \$ (\$ x days)

LOR only LOR only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$

Medical: \$

Disbursement: \$ (e.g. Tow/ Independent)

Legal Cost \$

Total: \$ Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1: \$

Name 1:

Payee 2: (Strike if N.A.) \$

Name 2:

Payee 3: (Strike if N.A.) \$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT
27/1/19

Independent

4368