

INS. CASE OWNEP:

CC AXA1900

LKK:

IDAC:

Surveyor:

Mr. um

DOI:

ASSIGNMENT

11/01/19

Date / Time :

11/1/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 51157

Name of Insured :

TRANS - LAB SERVICES INC

Insured Tel No. :

HP:

Excess Sec II : \$\$

\$5000

D.O.A. :

9/1/19

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : PERCIPA DENNIS

Driver Tel No. :

(V/L) YES / NO)

Claim No. :

99MOLAYN / 92806

Policy No. :

VPR / 11680300

Make / Model :

RENAULT

Place of Accident :

SHE TMS UTE

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

Insured Liability :

%

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:

torque



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time

15/1/19

JC

9/1/19 - x

SHC 51157 - (U) AXA 1900 9/1/19 / 5/1/19

* Summation - 11/1

25/1/19

- TP got video from old sum

25/1/19

- File 3 sum + sum 1/1

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

NIC.

If NO or B 28, Ass. Lia :

Repair Cost: 467

SS

33170.00

Loss of Rental (LOR):

SS

2300.00

(23 days)

x #100

Loss of Use (LOU):

SS

-

(S x days)

Loss of Income (LOI):

SS

-

(S x days)

LOR only ☐ LOU only ☐

SS

LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

22000

(e.g. Tow / Independent)

1) Claim status: Normal/Reject/Private Settle

Legal Cost

SS

2) Report Format:

Total:

SS

35690.00

Global Sum SS:

35000.00

3) Survey fee:

9350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS

35000.00

Name 1:

Torque 5 Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

GIA