

INS. CASE OWNER:

CC 6 / LOR 1900 1563 , Aha39

LKK:

IDAC:

Surveyor:

CWP

DOI:

ASSIGNMENT

21/1/19

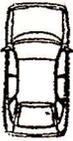
Date / Time:

21/1/19

Registered in Merimen:

23/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLO 3857L

Claim No. : _____

Name of Insured : LEPP PLZ

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 18/01/19

Place of Accident : _____

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

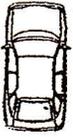
If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

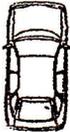
SKH 1446T



INSRS: Hammer. WSP: _____ Tel: _____ Liability: _____ RMKS: _____



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



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



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

Date / Time

Date / Time	STAGE	DATE / PIC
25/1/19	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	6-6-19 JAY
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: \$S 7,500.00 (7 days) Reduction: 65 %

FINAL SETTLEMENT Date/Time: 11/02/19 Confirm with: SINA Email: Call: Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27

Repair Cost: \$S 7,500 Loss of Rental (LOR): \$S 800 (\$100 x 8 days) Loss of Use (LOU): \$S 800 (\$100 x 8 days) Loss of Income (LOI): \$S - (\$ x days) LOR only LOU only LOR + LOU LOR + LOI [Tick only one] GIA/LTA Search \$S 7.49 Medical: \$S - Disbursement: \$S - (e.g. Tow/ Independent) Legal Cost \$S 8,307.49 Global Sum \$S: 8,300.00

FINAL PAYMENT Date/Time: Confirm with: Email: Call: Payee 1: \$S 8,300.00 Name 1: HUA HONG SPRAY PAINTING WORKSHOP Payee 2: (Strike if N.A.) \$S - Name 2: - Payee 3: (Strike if N.A.) \$S - Name 3: -