

INS. CASE OWNER: JACLYN

CC 3, ALG 1900 2018, PKA3

LKK:
IDAC:

Surveyor: PHJ

DOI: ASSIGNMENT 29/1/19

Date / Time: 29/1/19

Registered in Merimen: 30/1/19

Pre-assign / CCU / FTE

EL 202L



Insured Vehicle No. : EL 202L

Claim No. : 13120723085G

Name of Insured : CHIA SEN WAH

Policy No. : 1800110539

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 25/1/19

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

SMB 1346 G



INSRS:
WSP: SMP7 m
Tel: _____
Liability : _____
RMKS: _____



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



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



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

Date / Time	STAGE	DATE / PIC
<u>2/1/19</u>	Non-Reporting ltr (1st):	
<u>2/1/19</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	<u>20/02/19 - vic</u>
<u>20/02/19</u>	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 type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input 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"/>

18/8/2020
klanchan

ALG salina - approved to reject. Final docs uploaded in vlters.

Reject Case

Sent By: klanchan
Approved By: VW
Date: 18/08/20

PRELIMINARY ADVICE Date/Time: _____ Confirm with: _____

FINALIZATION Date/Time: _____ Confirm with: 18/08/20

Repair Cost: P/P \$S 589.00 (1 days) Reduction: 39 %

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call

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

Repair Cost: \$S _____

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

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

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

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

GIA/LTA Search \$S _____

Medical: \$S _____

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

Legal Cost \$S _____

Total: \$S _____ **Global Sum \$S:** _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S _____ Name 1: SURET BUSSES LTD

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

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

1) Claim status: Normal / Reject / Private Settle

2) Report Format: _____

3) Survey fee: \$ 320

* Survey done - Reject claim.