

INS. CASE OWNER:

SAUHA

CC

6 / ALG 1800 2486 / Uha3

LKK:

IDAC:

Surveyor:

MARRINS

DOI:

ASSIGNMENT

12/1/19

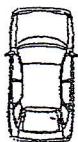
Date / Time:

12/1/19

Registered in Merimen:

12/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SPW 7013R

Name of Insured:

Lyn Jim Teng Stephanie

Insured Tel No.:

HP:

Claim No.:

420745053996

Policy No.:

Excess Sec II :SS

D.O.A:

5/1/19

Make / Model:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

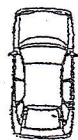
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

688 8432 A



INSRS:

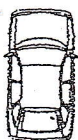
WSP:

Tel:

Liability:

RMKS:

Tan Kim



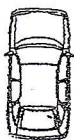
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

28/1/19
9:35

688 8432 A, x ; SPW 7013R - x

VIDEO IN MERIMEN

24/07/19

- HUB REVIEWED. OI TURNING & RIGHT
CANE. TP ON TURNING RIGHT CANE ONLY
MOVED STRAIGHT.

- EMAIL TO AG FOR PROSTION APPROVAL

- AG INSTRUCTED TO REBOOT TP CLAIM.

24/07/19

- EMAIL TO TP TO REBOOT CLAIM

- SUBMIT REPORT.

Reject Case

By (staff) : VIC

Approved by : [Signature]

PRELIMINARY ADVICE Date/Time:

Sent By:

Date : 23/07/19

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

HS

S\$ 2,600.00

(3

days)

Reduction:

65

%

Email

Call

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:

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\$

—

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 320.00

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

—

Name 1:

Payee 2: (Strike if N.A.)

S\$

—

Name 2:

Payee 3: (Strike if N.A.)

S\$

—

Name 3: