

INS. CASE OWNER:

CC 4, ALG 1900 3142, EQA3

LKK:
IDAC:

LIABILITY

Surveyor:

STEVE

DOI:

ASSIGNMENT

26/3/19

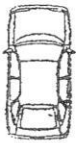
Date / Time :

18/1/19

Registered in Merimen:

19/2/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLW 4092U

Claim No. :

Name of Insured :

Dy Ann Mary

Policy No. :

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 :

Driver Tel No. :

(V/L: YES/ NO)

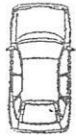
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

Smc 1818 G



INSRS:

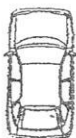
WSP:

Tel :

Liability :

RMKS:

Teamwork



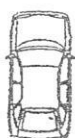
INSRS:

WSP:

Tel :

Liability :

RMKS:



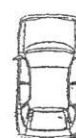
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

14

Smc 1818 G - X;

18/1

SLW 4092U - 16/1/19 (18/1/19) / 14/2/19: PIA/18

Please verify OIA.

03-02-20

TO DENY HAVING CAUSED ANY DAMAGE TO TP VEHICLE ARISING FROM ALLEGED ACCIDENT UNLESS THEY CAN PROVIDE EVIDENCE FOR OUR REVIEW.

Reject Case

By (staff) : Jia Te
Approved by : YL
Date : 07-7-20.

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:

S\$

(

days) Reduction:

%

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

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: