

INS. CASE OWNER:

Jas Tan

CC 4, ASM 1900 3998, KRA3

LKK:

IDAC:

10733

Surveyor:

KSG

DOI:

ASSIGNMENT

4/3/19

Date / Time :

11/3/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YP 7199J

Claim No. :

59M01FD6

Name of Insured :

EASTERN HEBEN MARKENMARKT

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

26/02/19

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

SLR 2948R



INSRS:

WSP:

Tel :

Liability :

RMKS:

Thiam
489
Khai

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLR 2948R-x ; YP 7199J-x

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: KSC

Repair Cost:

L/S S\$ 6,000.00

(7 days)

Reduction:

70 %

Email

Call

FINAL SETTLEMENT

Date/Time: 08.06.22

Confirm with

Email

Call

Final Liability:

% 50

(Agreed / Assessed) BOLA S/N No. : 18

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

MERGING LANE

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/

2) Report Format: TP/WP

3) Survey fee: \$250

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: