

15/5/2010

INS. CASE OWNER:

CC 1/CTI1900

5543, KH23

LKK:

IDAC:

Surveyor:

FSL

DOI:

ASSIGNMENT

21/7/11

Date / Time:

21/7/11

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJC 4126K

Name of Insured:

NEO CHIK BOON

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

6/1/11

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

NEO TECK BAN

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

bmpcsw1365801700

PEU 6807

OPER UP AT BIK 66/303 WOK 4
TOK PRYTH

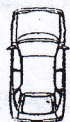
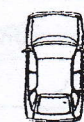
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SFR 681X

INSRS:
WSP:
Tel:
Liability:
RMKS:Guam
motorINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
19/09/19	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	19/09/19 - vic
23/09/19	Documentation Check List: Handler Typist	
24/09/19	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:	
Reject Case By (staff) : VIC Approved by : [Signature] Date : 24-09-19		
PRELIMINARY ADVICE Date/Time: 28/09/19 Sent By:		

FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	46	\$S 1,300.00	(3 days) Reduction: 42 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	NIL	If NO or B 28, Ass. Lia:
Repair Cost:	\$S -			(BOTH REBUTABLE)
Loss of Rental (LOR):	\$S -	(days)		NO ATTACHMENT REBUT TO CLAIM
Loss of Use (LOU):	\$S -	(\$ x days)		
Loss of Income (LOI):	\$S -	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[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:	-	
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-	
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-	