

15/5/2010

INS. CASE OWNER:

CC 4/QBE1900 7392, Ag 63.

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

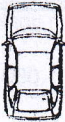
15/4/19

Date / Time:

15/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKH 8976D

Name of Insured:

FOM EMG 6mm

Insured Tel No.:

HP:

96284334

Excess Sec II :\$S

D.O.A.:

16/4/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

VCO12515

Policy No.:

8-VUU20869-MA

Make / Model:

BMW

Place of Accident:

PIE TMS LK4ND1

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

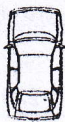
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SL5 8971C



INSRS:

WSP:

Tel:

Liability:

RMKS:

Premium



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SL5 8971C - P	Non-Reporting ltr (1st):	
	SKH 8976D - P	Non-Reporting ltr (2nd):	
13/08/19	- MUE REQUESTED. OI CHANGED CASE SEND LETTER IN EMAIL TO OI TO NOTIFY TP CLAIM IN NEW ISSUES.	Non-Reporting ltr (Final):	
	- MINUTED	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	13/08/19 - JIC
15/08/19	- TYPE REPORT WHILE PENDING TP LOB	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: 26/04/19	Sent By: B3	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	\$S 10,576.10 (5 days)	Reduction: 36 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	15
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 + 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:	-

If NO or B 28, Ass. Lia:

COI CHANGED CASE

NO SETTLEMENT
QSB WILL HANDLE
SETTLEMENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$ 400.00