

INS. CASE OWNER:

CC 3 /AIG1900 9104 12/11/19

LKK:

IDAC:

Surveyor:

Tantich

DOI:

ASSIGNMENT

20/11/19

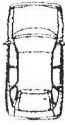
Date / Time:

20/11/19

Registered in Merimen:

20/11/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

GX 4667R

Claim No.:

8505 6474754

Name of Insured:

LHEW KIM SENG ROBERT MENT

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

19/11/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO. Driver Name / Age:

Driver Tel No.:

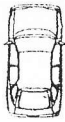
(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SNG 2887D



INSRS:

WSP:

Tel:

Liability:

RMKS:

W/Kongam



INSRS:

WSP:

Tel:

Liability:

RMKS:



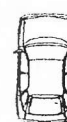
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SNG 2887D - X

GX 4667R - X

10/11/19
15/11/19no OI GIA sent out 20/11/19.
1st RA → \$5.54
2nd RA → \$2.54

18/11/19 - FILED PAS TO WP TO CLOSE

STAGE

DATE / PIC

Non-Reporting ltr (1st):

07/10/2019

Non-Reporting ltr (2nd):

12/07/2019

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:

%

50

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

If NO or B 28. Ass. Lia:

Repair Cost:

S\$

CONFIRMING VERSION

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

(S x days)

Loss of Income (LOI):

S\$

(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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP

3) Survey fee:

\$290

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:

COPY SENT