

15/5/2010

INS. CASE OWNER:

CC3/CTI19009495/Kpa3q2 P

~~CC3/CTI19009495/Kpa3q2 P~~

LKK:

IDAC:

Surveyor:

Kenneth.

DOI:

ASSIGNMENT

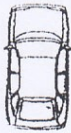
18/5/11

Date / Time :

18/5/11

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GU 95688

Claim No. :

SNM19D202414

Name of Insured :

U2ROZ FREIGHT & TRADE SERVICES

Policy No. :

DMLVSR 11857802

Insured Tel No. :

HP:

Make / Model :

Missan

Excess Sec II :S\$

D.O.A :

15/5/11

Place of Accident :

Eup

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : WYNNI SAMUE

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

Driver Tel No. :

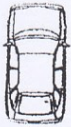
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHC 5005T



INSRS:

WSP:

Tel :

Liability :

RMKS:

TRANS
CMB

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 5005T - X

GU 95688 - X

→ OI making cross claim / counter claim
→ to request video

13/8/11

called OI. No answer.

14/4/22

TP no response since 10/1/21

- Submit up to CTI.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

7/13/11

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:

4/sum

S\$ 6100.00

(4 days)

Reduction:

88

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Cal

Final Liability:

%

50/

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

If NO or B 28, Ass. Lia :

(SIDE SWIPE)

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 + LOU

[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:

TP
\$350.00

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: