

15/5/2010

INS. CASE OWNER:

CC 4/EG1901 0411, K h63.

LKK:

IDAC:

Surveyor:

Kemele

DOI:

ASSIGNMENT

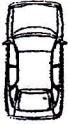
17/6/19.

Date / Time :

11/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKH 6298X

Claim No. :

Name of Insured :

IVY DEE PING LEOW-LH 203.

Policy No. :

Insured Tel No. :

HP:

Make / Model :

13 MW

Excess Sec II :SS

D.O.A :

8/6/19.

Place of Accident :

GRAND KJ

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

SKH 92717.



INSRS:

WSP:

Tel :

Liability :

RMKS:

Time cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SKH 92717-X		
	SKH 6298X-X		
	- OI TO AMEND TP VEH. # ON GIA	Non-Reporting ltr (1st):	
	- TP LOD IN BY EMAIL	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
18/6/19	Called TP OI to inform TP claim	After call ltr to OI:	18/6/19 - JIMMY
24/07/19	- ERGO RECEIVED TP LOD. REQUEST WORKY REPORT.	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:

P/P

S\$ 1,300.00

(2 days)

Reduction:

95 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28. Ass. Lia :

Repair Cost:

S\$

COI CLAIM-ENDED TO

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

WP REPORT

\$350.00

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: