

15/5/2010

INS. CASE OWNER:

CC 4 / III 1901 0569, K1W63.

LKK:
IDAC:W/P
Report.

ASSIGNMENT

Surveyor:

~~Rasat~~

DOI:

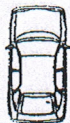
Date / Time :

14/6/19

Registered in Merimen:

14/6/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBB 38464.

Name of Insured :

AK LEE INDUSTRIES SUPPLY

Insured Tel No. :

HP:

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Excess Sec II :SS

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : POH KLOON LAM

Driver Tel No. :

(V/L: YES / NO)

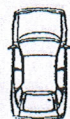
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

GBH 47455.



INSRS:

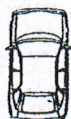
WSP:

Tel :

Liability :

RMKS:

Efficient



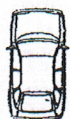
INSRS:

WSP:

Tel :

Liability :

RMKS:



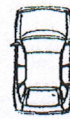
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBH 47455 - K

GBB 38464 - K

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

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: AWK

Repair Cost:

P/P

S\$ 1,008.45

(

2

days) Reduction:

54 %

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\$

Conflicting 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\$

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:

1) Claim status: Normal/Project/Dispute/Sortie

2) Report Format: TP/WP

3) Survey fee: \$250