

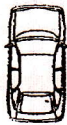
15/5/2010

INS. CASE OWNER:

CC 6 CTI / AIG 1901 0986 / 4163

LKK:
IDAC:Surveyor: marinsDOI: ASSIGNMENT 24/6/19Date / Time: 24/6/19
Registered in Merimen: ---

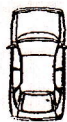
Pre-assign / CCU / FTE

Insured Vehicle No.: SKN 5282R
Name of Insured: MUNUCAMY KATHIRSON
Insured Tel No.: _____ HP: _____
Excess Sec II : \$\$ _____ D.O.A: 24/6/19
Is driver the owner? (YES / NO) Nature of Accident: _____Claim No.: SNM190202921012
Policy No.: _____
Make / Model: MERIDIAN
Place of Accident: _____If NO, Driver Name / Age: C. GURENTHAREN

Driver Tel No.: _____ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NOInsured Liability: % --- Final ? Yes / No

PBN 54614

INSRS:
WSP: BKH
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time	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: 24/6/19 Sent By: VS

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
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:	

TP WITHDRAW CLAIM
OI SETTLED PRIVATELY

1) Claim status: Normal/Reject/Private Settle
2) Report Format: UP REPORT
3) Survey fee: \$250.00