

(5/10 - 9/10, 25/10)

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901

7754, Kdbz

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

2/10/19

Date / Time :

11/10/19

Registered in Merimen:

2/10/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMJ 3979X

Claim No. :

Name of Insured :

YEO KEAT KEONG

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

11/10/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

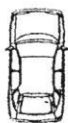
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SKQ 1889B



INSRS:

WSP:

Tel :

Liability :

RMKS:

Automark



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

4/10/19 - 01WK

SKQ 1889B-X

SMJ 3979X-T

STAGE

DATE / PIC

Non-Reporting ltr (1st): 9/10/19

Non-Reporting ltr (2nd): 25/10/19

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\$ 1400.00

(3 days)

Reduction: 83

% Exclude check items \$2395.78

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\$

(S

x

days)

Loss of Income (LOI):

S\$

(S

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

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 (reproduce)

3) Survey fee: \$320

4) AR fee -> \$2.84 x 2

Total:

S\$

Global Sum S\$:

Email

Call

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: