

15/5/2010

INS. CASE OWNER:

W. T. W. L.

CC 4/AXA1901

8904, Agn

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

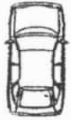
2/10/19

Date / Time :

2/10/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBE 5521E

Claim No. :

5900148m/147724

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

18/10/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

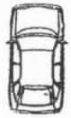
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SGV 743B

INSRS:
WSP:
Tel :
Liability :
RMKS:Hua
meng.INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
27/04	TP PASS LAWYER. SUBMIT WP. ADMIN TO CLOSE	
	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: Confirm by: ADRIAN		
FINALIZATION Date/Time: Confirm with: Confirm by: ADRIAN		
Repair Cost: L/S \$6000.00 (8 days) Reduction: 6419.60 % 52 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: \$		
Loss of Rental (LOR): \$ (days)		
Loss of Use (LOU): \$ (\$ x days)		
Loss of Income (LOI): \$ (\$ x days)		
LOR only LOU only LOR + LOU LOR + LOU [Tick only one]		
GIA/LTA Search \$		
Medical: \$		
Disbursement: \$ (e.g. Tow/ Independent)		
Legal Cost \$		
Total: \$ Global Sum \$:		
FINAL PAYMENT Date/Time: Confirm with: Email Call		
Payee 1: \$ Name 1:		
Payee 2: (Strike if N.A.) \$ Name 2:		
Payee 3: (Strike if N.A.) \$ Name 3:		

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP

3) Survey fee:

\$250.00