

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901

89ar, U kbh

LKK:
IDAC:(500-13/11)
4/12ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

Is driver the owner?

(YES/ NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES/ NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

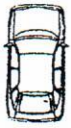
OI GIA REPORT: YES/ NO ; TP GIA REPORT: YES/ NO

Insured Liability :

%

Final ? Yes / No

841 75059



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

24/12/059-1

24/12/059-1

STAGE

DATE / PIC

Non-Reporting ltr (1st): 13/11/2019

Non-Reporting ltr (2nd): 2

Non-Reporting ltr (Final): 05/12/2019

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: 45 \$S 750

(2 days) Reduction: 1,143.90/60%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with Yan

Email ☒Cal ☐

Final Liability:

%

100

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

If NO or B 28, Ass. Lia :

Repair Cost: 45 \$S

802.50

Loss of Rental (LOR):

\$S

(- days)

Loss of Use (LOU):

\$S

180 (\$ 60 x 3 days)

Loss of Income (LOI):

\$S

(\$ - x - days)

LOR only ☐ LOU only ☒LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

\$S

8

Medical:

\$S

-

Disbursement:

\$S

-

(e.g. Tow/ Independent)

Legal Cost

\$S

-

Total:

\$S 990.50

Global Sum \$S: 990

4) RA fu: \$254 x 2

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Cal ☐

Payee 1:

\$S

990

Name 1:

PRECISE AUTO SERVICE

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3: