

INS. CASE OWNER

vale

CC 4 / ASM190 27/7/19

LKK
IDAC

Surveyor

Steve

DOI:

ASSIGNMENT

2/1/2020

Date / Time:

27/1/19

Registered in Meritum:

Pre-assign / CCU / FTR



Insured Vehicle No.:

SW 8773 J

Claim No.:

SAM ORAGE / 10/1/19

Name of Insured:

KWA SER EON

Policy No.:

GATRAIN

Insured Tel No.:

HIP:

Make / Model:

TOYOTA

Excess Sec II : \$5

D.O.A.:

16/1/19

Place of Accident:

NEER MA NYAMUR SRI

Is driver the owner?

(YES / NO)

Nature of Accident:

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

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: % Final? Yes / No

SJH 11/1/19

INSRS:
WSP:
Tel:
Liability:
RMKS:

AUTO WHEELS

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time

SJH 11/1/19 - X

20/1/19 - X

STAGE

DATE / PIC

Non-Reporting Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI

After call Itr to OI:

Documentation Check List: Handler / Typist

Notification Itr (if non-pickup)

After call Itr to OI:

Authorization To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOI:

Payment Breakdown Form

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: Lsum

\$5 1,650.00 (3 days) Reduction: 79 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email:

Call:

Final Liability:

%

(1/3/19) Confirmed with Lwin

If NO or B 28, Ass. Lja

Repair Cost: W/GP

\$5 1765.50

Loss of Rental (LOR):

\$5

Loss of Use (LOU):

\$5 240.00 x 4 days

Loss of Income (LOI):

\$5

(5 x 4 days)

LOR only ☐ LOU only ☐LOR + LOU ☐ LOR + LOI ☐ (Tick only one)

GIA/LTA Search

\$5 245

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/Independent)

Legal Cost:

\$5

Total:

\$5 242.05

Global Sum \$5: 242.05

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

FINAL PAYMENT

Date/Time:

Confirm with:

Email:

Call:

Payee 1:

\$5

Payee 2 (Strike if N/A):

\$5 2,000.00

Name 2:

Name 3: AUTO WHEELS MOTORWORKS PTE LTD

Payee 3 (Strike if N/A):

\$5

Name 3: