

15/5/2010

INS. CASE OWNER:

MERINA

CC 4/FCI190 mra1, PLH29

LKK:

IDAC:

Surveyor:

Rasm

DOI:

ASSIGNMENT

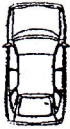
mra1

Date / Time:

mra1

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 3391X

Name of Insured:

UTYLAB PIC

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

mra1

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

D19008052MPSH

Policy No.:

D180887MPSH.

Make / Model:

MUNDA

Place of Accident:

CROSS ROUTE RD

If NO, Driver Name / Age:

40 mra Fm 104.

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

Driver Tel No.:

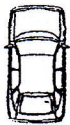
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

YP 2017



INSRS:

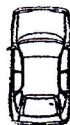
WSP:

Tel:

Liability:

RMKS:

sin sheng



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: 26/12/19	Sent By: (staff) b9 V/C	
	Approved by: V/C	
FINALIZATION Date/Time:	Confirm with: 03/03/20	
Repair Cost: L16 S\$ 9,500.00 (8 days) Reduction: 54 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability: % (Agreed / Assessed) BOLA S/N No.:	Nil	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: —	

Reject Case

Approved by: V/C

Date: 03/03/20

REJECT CLAIM

TP REPORT RED LIGHT

SUBMIT WP REPORT

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP REPORT

3) Survey fee: \$401.00