Uba3

LKK:

1) Claim status: Normal/Reject/Private Settle

\$320.00

2) Report Format:

Call

3) Survey fee:

Email

	INS. CASE OWNER:		CC4/AIG20004785/Uha3			IDAC:		
	210.0100	ASSIGNMENT						
	Surveyor:	MARCUS	DOI:		Date / Time :	01/04/2020		
					Registered in Me	erimen: 01/04/2	2020	
	Pre-assign / CCU / FTE							
	Insured Vehicle No SDD 8989B			Claim No.				
	ilisared venice (vo.							
	Name of Insured	:	Policy No.		:			
	Insured Tel No. :				del :			
	Excess Sec II :S\$		D.O.A: 30/03/2020		Place of Accident :			
	Is driver the owner?							
				OLGIA REPO	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO			
	If NO, Driver Name / Age:		(V/L: YES / NO) Insured Liabi					
	Driver Tel N	NO. :	(VIL. TEST NO) Insuled Enter					
	SLL 1992A					→		
		wind a	and the same of th	INSRS:		INSRS:		
	INSRS: INSRS: WSP: WSP:		WSP:			WSP:		
A-A	Tel:	H H Tel:	Tel:		HH	Tel:		
Kr-D	Liability:	Liability:	Kr-10	Liability:		Liability:		
	RMKS:	RMKS:		RMKS:		RMKS:		
	Date/ Time							
	SLL 1992A - X				STAGE		ATE / PIC	
	SDD 8989B - CS/AVI09025338/Rqg1 08/11/2009				Non-Reporting ltr (1st): Non-Reporting ltr (2nd):			
	SDD 8989B - CS/AV109025558/Rqg1 00/11/2009				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	l: 🔽		
					Authorisation To	Act:		
					Release Voucher:	V		
					Final Repair Bill:	V		
					Car Rental Invoice	e: 🔽		
					Towing Invoice			
04/	02/2021	SETTLED AND CLOSED / FILE IN DRAWER			LTA / GIA :	V		
					Medical Bill:			
					PIR:			
					Mandate/Reject	Instruction:		
					LOD	1		
					Payment Breakd	lown Form:		
PRELIMINARY ADVICE Date/Time: Sent By:					Post-Repair Phot			
					Others:			
FINALI	ZATION	Date/Time:	Confirm with:		Confirm by:			
Repair Cost: L/S								
FINAL SETTLEMENT Date/Time: 02/02/2021 Confirm with DARLA BALINGIT Email Cal								
Final Lia					If NO or B 28, A			
	ost: (W/GST)	ss 7,222.50						

x \$150.00

(e.g. Tow/ Independent)

Global Sum S\$: 8,600.00

[Tick only one]

9

days)

days)

days) LOR + LOI

Confirm with:

Name 2:

Name 3:

Name 1:

1,444.50 (

LOR + LOU

2.00

ss8,669.00

ss 8,600.00

(\$

(\$

S\$

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

Loss of Rental (LOR/W/GST)\$\$

Loss of Income (LOI):

LOR only LOU only

Loss of Use (LOU):

GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)

Disbursement:

Legal Cost

Total:

Payee 1:

Medical: