	15/5/2010		CC3/LPC200)05718/Kga	3	LKK: IDAC:
	INS. CASE OWNER:		ASSIGN			
	Surveyor:	KENNETH	DOI: 13/05/2020		Date / Time: 1	3/05/2020
	Surveyor.		_		Registered in Meri	men:
	Pre-assign / CCU /	FTE				
n n	Insured Vehicle No	001104440		Claim No.	:	
	4			Policy No.		
t t	Name of Insured	:				
	Insured Tel No.		IP:	Make / Model		
	Excess Sec II :S\$		o.o.A : 12/05/2020	Place of Acciden	nt :	
	Is driver the owner	(YES / NO)	lature of Accident :			
	If NO, Driver Nam Driver Tel 1		(V/L: YES / NO)	OI GIA REPOR Insured Liability		GIA REPORT: YES / NO Final? Yes / No
	SHD 9799D					-
	INSRS: WSP: TRANS (Tel: Liability: RMKS:	CAB INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
	Date/ Time					
		SHD 9799D- X	GBH 2441G - X		STAGE Non-Reporting ltr (1	DATE / PIC
					Non-Reporting ltr (2	
					Non-Reporting ltr (F	
			Reject Case	-	Notification ltr (if no Call OI:	оп-ріскир):
			By (staff) : Cen	7	After call ltr to OI:	
			Approved by : Vin		Documentation Che	eck List: Handler Typist
			Date : 049	120	Notification ltr (if no	on-pickup)
					After call ltr to OI:	

	SHD 9799D- X GBH 2441G - X	STAGE DATE / PIC		
		Non-Reporting ltr (1st):		
		Non-Reporting ltr (2nd):		
		Non-Reporting ltr (Final):		
	Reject Case	Notification ltr (if non-pickup): Call OI: After call ltr to OI:		
	[2.5-1]			
	By (Stati)			
	Approved by :	Documentation Check List: Handler Typist		
	Dale : 049/20	Notification ltr (if non-pickup)		
		After call ltr to OI:		
14/08/2020	REJECTION EMAIL SEND TP. OI INFORMED NO	Authorisation To Act:		
	CONTACT WITH TP. AND TP HAS GOT NO PROOF	Release Voucher:		
	TO SUPPORT THEIR CLAIM.MR YEW TO CHOP	Final Repair Bill:		
	AND SIGN.	Car Rental Invoice:		
		Towing Invoice		
		LTA / GIA :		
		Medical Bill:		
		PIR:		
		Mandate/Reject Instruction:		
		LOD		
		LOD		
		Payment Breakdown Form:		
PRELIMINARY ADVIC	F. Date/Time: Sent By:	Payment Breakdown Form:		
PRELIMINARY ADVIC	E Date/Time: Sent By:	Payment Breakdown Form: Post-Repair Photos:		
		Payment Breakdown Form: Post-Repair Photos: Others:		
FINALIZATION	Date/Time: Confirm with:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by:		
FINALIZATION Repair Cost:	Date/Time: Confirm with: SS (days) Reduction: %	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call		
FINALIZATION Repair Cost: FINAL SETTLEMENT	Date/Time: Confirm with: SS (days) Reduction: % Date/Time: Confirm with	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Cal		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability:	Date/Time: Confirm with: SS (days) Reduction: % Date/Time: Confirm with % 0 (Agreed / Assessed) BOLA S/N No.:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost:	Date/Time: Confirm with: SS (days) Reduction: % Date/Time: Confirm with % % 0 (Agreed / Assessed) BOLA S/N No.: S\$	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Cal		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR):	Date/Time: Confirm with:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Cal		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU):	Date/Time: Confirm with:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Cal		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	Date/Time: Confirm with: S\$ (days) Reduction: % Date/Time: Confirm with % % 0 (Agreed / Assessed) BOLA S/N No.: S\$ S\$ (days) S\$ (\$ x days) S\$ (\$ x days)	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Cal		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU on	Date/Time: Confirm with:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Cal		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU on	Date/Time: Confirm with: S\$ (days) Reduction: %	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call If NO or B 28, Ass. Lia:		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU on GIA/LTA Search	Date/Time: Confirm with: S\$ (days) Reduction: %	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Call If NO or B 28, Ass. Lia: 1) Claim status: Normal/Reject/Private Settle		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU on GIA/LTA Search Medical:	Date/Time: Confirm with:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call If NO or B 28, Ass. Lia: 1) Claim status: Normal/Reject/Private Settle 2) Report Format: REJECT		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU on GIA/LTA Search Medical: Disbursement:	Date/Time: Confirm with:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Call If NO or B 28, Ass. Lia: 1) Claim status: Normal/Reject/Private Settle		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU on GIA/LTA Search Medical: Disbursement: Legal Cost	Date/Time: Confirm with:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Call If NO or B 28, Ass. Lia: 1) Claim status: Normal/Reject/Private Settle 2) Report Format: REJECT 3) Survey fee: \$ 400.00 (BY CHT)		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU on GIA/LTA Search Medical: Disbursement: Legal Cost Total:	Date/Time: Confirm with:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call If NO or B 28, Ass. Lia: 1) Claim status: Normal/Reject/Private Settle 2) Report Format: REJECT		
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU on GIA/LTA Search Medical: Disbursement: Legal Cost Total: FINAL PAYMENT	Date/Time: Confirm with:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Call If NO or B 28, Ass. Lia: 1) Claim status: Normal/Reject/Private Settle 2) Report Format: REJECT 3) Survey fee: \$ 400.00 (BY CHT)		
PRELIMINARY ADVICE FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU on GIA/LTA Search Medical: Disbursement: Legal Cost Total: FINAL PAYMENT Payce 1: Payce 2: (Strike if N.A.)	Date/Time: Confirm with:	Payment Breakdown Form: Post-Repair Photos: Others: Confirm by: Email Call Email Call If NO or B 28, Ass. Lia: 1) Claim status: Normal/Reject/Private Settle 2) Report Format: REJECT 3) Survey fee: \$ 400.00 (BY CHT)		