

15/5/2010

INS. CASE OWNER:

Sakha

CC4/AIG21000318/pa3

LKK:

IDAC:

Surveyor:

XGQ

DOI:

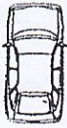
ASSIGNMENT

12/1/2021

Date / Time : 07/01/2021

Registered in Merimen: 07/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 4380R

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP: _____

Make / Model :

Excess Sec II :S\$

D.O.A : 19/12/2020 18:52

Place of Accident : BAYSHORE ROAD TO UPPER EAST COAST ROAD

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

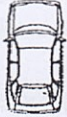
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SKB 5655L

INSRS:
WSP: CDGE UBI

Tel :

Liability :

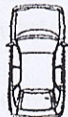
RMKS:

INSRS:
WSP:

Tel :

Liability :

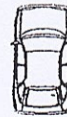
RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKB 5655L - X

SKT 4380R - X

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:

9/1/2021 - Rejected TP claim.

Reject Case

By (staff) : Haseo Tong
Approved by :
Date : 08/04/21

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P

S\$ 850.00

(1

days)

Reduction: 43

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

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

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 + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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: