

INS. CASE OWNER:

CC 3/AIG1600 9330, Klybs

LKK:  
IDAC:

Surveyor:

Kalvin

DOI:

**ASSIGNMENT**

19/5/10

Date / Time:

19/5/10

Registered in Merimen:

20/5/10

Pre-assign / CCU / FTE

SFW 708A



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 17/5/10

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_

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

Driver Tel No. : \_\_\_\_\_ (VL: YES / NO)

Insured Liability : % Final ? Yes / No

SMB 5441Y



INSRS: *SMBT*  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/Time	STAGE	DATE / PIC
SMB 5441Y -X	Non-Reporting ltr (1st):	
Icw 708A -X	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup):	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: S\$ ( \_\_\_\_\_ days) Reduction: % 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\$ \_\_\_\_\_  
 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: \_\_\_\_\_

