

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1700 3784, Flyb3

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YP 2835P

Name of Insured:

Insured Tel No.:

HP:

D.O.A:

16/7/17

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Excess Sec II :S\$

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

SHB 4295



INSRS:

WSP:

Tel:

Liability:

RMKS:

SMKT.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC	
SHB 4295 - CC3 / ALY16007885 / Elyb3rv 018, 27/4/16- YP 2835P-X	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)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA:	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:				
Repair Cost:	S\$	() days	Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:		Confirm with		Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/>			LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>		[Tick only one]
GIA/LTA Search	S\$				1) Claim status: Normal/Reject/Private Settle
Medical:	S\$				2) Report Format:
Disbursement:	S\$		(e.g. Tow/ Independent)		3) Survey fee:
Legal Cost	S\$				
Total:	S\$		Global Sum S\$:		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT	Date/Time:		Confirm with:		
Payee 1:	S\$		Name 1:		
Payee 2: (Strike if N.A.)	S\$		Name 2:		
Payee 3: (Strike if N.A.)	S\$		Name 3:		

