

15/5/2010

INS. CASE OWNER:

CC 4/AXA1700 8738, h63

LKK:
IDAC:

ASSIGNMENT

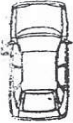
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident :

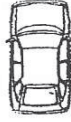
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

INSRS:
WSP:
Tel :
Liability :
RMKS:motor
imageINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
8/5/10 - 10/16/10	Non-Reporting ltr (1st):	
8/5/10 - 10/16/10	Non-Reporting ltr (2nd):	
8/5/10 - 10/16/10	Non-Reporting ltr (Final):	
8/5/10 - 10/16/10	Notification ltr (if non-pickup):	
8/5/10 - 10/16/10	Call OI:	
8/5/10 - 10/16/10	After call ltr to OI:	
8/5/10 - 10/16/10	Documentation Check List:	Handler Typist
8/5/10 - 10/16/10	Notification ltr (if non-pickup)	
8/5/10 - 10/16/10	After call ltr to OI:	
8/5/10 - 10/16/10	Authorisation To Act:	
8/5/10 - 10/16/10	Release Voucher:	
8/5/10 - 10/16/10	Final Repair Bill:	
8/5/10 - 10/16/10	Car Rental Invoice:	
8/5/10 - 10/16/10	Towing Invoice	
8/5/10 - 10/16/10	LTA / GIA :	
8/5/10 - 10/16/10	Medical Bill:	
8/5/10 - 10/16/10	PIR:	
8/5/10 - 10/16/10	Mandate/Reject Instruction:	
8/5/10 - 10/16/10	LOD	
8/5/10 - 10/16/10	Payment Breakdown Form:	
8/5/10 - 10/16/10	Post-Repair Photos:	
8/5/10 - 10/16/10	Others:	

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION		Date/Time:	Repair Cost: S\$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
			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\$	1) Claim status: Normal/Reject/Private Settle
			Medical:	S\$	2) Report Format:
			Disbursement:	S\$	3) Survey fee:
			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:	