

INS. CASE OWNER:

CC 6/EQ1170

23578, Uka3

LKK:

IDAC:

Surveyor:

MARINS

DOI:

ASSIGNMENT

12/12/17

Date / Time :

12/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKL 8900 G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 15/11/17

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. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

PC 2372H



INSRS:

WSP: N/A

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date / Time	STAGE	DATE / PIC	
PC 2372H - CC3/CTV/700 0643/1116307; DOA: 9/1/17 - CC4/1111700 0843/1116307; DOA: 9/1/17 SKL 8900G - NA/5011702917/64; DOA: 15/11/17 - CC4/0A11700 7088/000392; DOA: 4/4/17 - CC4/AXA16024863/000392; DOA: 11/1/16	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:			
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: _____			

