

1/5/2010

INS. CASE OWNER:

Sundan

CC 4/1111800 5249, Sp/63 9

LKK:
IDAC:

Surveyor:

Sebastian

DOI:

ASSIGNMENT

21/3/18

(W/OA)

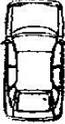
Date / Time:

21/3/18

Registered in Merimen:

21/3/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 6363H

Claim No.:

MIT 16020543

Name of Insured:

CTP

Policy No.:

MUM0015

Insured Tel No.:

HP:

Make / Model:

Hyundai

Excess Sec II :SS

D.O.A.:

13/3/18 (SAT)

Place of Accident:

SUP RD FROM TOH PUYOH
KEDIRI LINDS BRADEN

Is driver the owner? (YES/NO)

(YES) (NO)

Nature of Accident:

If NO, Driver Name / Age:

M/TOK 47EE

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

Driver Tel No.:

(V/L: YES/NO)

Insured Liability: % - Final? Yes/No

SHB 5189B



INSRS:
WSP:
Tel:
Liability:
RMKS:

SMRT



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
21/3/18	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 checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" 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 checked="" 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:

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.:

Repair Cost: S\$ (days) x \$

Loss of Rental (LOR): S\$ (days) x \$

Loss of Use (LOU): S\$ (days) x \$

Loss of Income (LOI): S\$ (days) x \$

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search SS

Medical: SS

Disbursement: SS (e.g. Tow/Independent)

Legal Cost SS

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:

ENTERED 10 JAN 2019
COPY SENT