

15/5/2010

INS. CASE OWNER:

KC  
ErnestCC4 ASM  
/AXA1800 5300, hbhLKK:  
IDAC:

## ASSIGNMENT

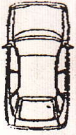
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. 2 : SJM 5110X

Name of Insured :

Insured Tel No. : HP: 20/7/18Excess Sec II :S\$ : D.O.A : 20/7/18

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

If NO, Driver Name / Age :

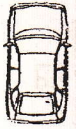
Driver Tel No. :

(V/L: YES / NO )

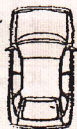
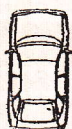
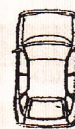
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SDQ 988916

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

performand

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time			STAGE	DATE / PIC
	SDQ 988916 - P	SJM 5110X - P	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"/>
			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"/>

<b>PRELIMINARY ADVICE</b>		Date/Time:	Sent By:
<b>FINALIZATION</b>		Date/Time:	Confirm with:
Repair Cost:	S\$	( days )	Reduction: %
<b>FINAL SETTLEMENT</b>		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
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\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent )	
Legal Cost	S\$		
<b>Total:</b>	<b>S\$</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>		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:	

CANCELLED CASE  
NO SURVEY  
TP CONVERT OB CLAIM

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee: