

CS/CTI18001519/R1ube2

15/5/2010

INS. CASE OWNER:

Boon Sen

CS/CTI18001519 / UKS3-1

LKK:
IDAC:

ASSIGNMENT

Surveyor:

Marave

DOI:

02/02/13

Date / Time :

02/02/13

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKD 9284L

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

21/01/13

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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

SKD 9775X



INSRS:

WSP: Fastech Auto

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time	STAGE	DATE / PIC
SKD 9775X - CS/CTI18001519/R1ube2 DOA: 21/01/13	Non-Reporting ltr (1st):	
SKD 9284L - CS/CTI18002253/Gad2 DOA: 21/01/13	Non-Reporting ltr (2nd):	
CS/CTI18001519/UKS3-1 DOA: 21/01/13	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:	Confirm 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 + LO ☐ [Tick only one]		
GIA/LTA Search S\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$	(e.g. Tow/ Independent)	2) Report Format:
Disbursement: S\$		3) Survey fee:
Legal Cost S\$		
Total: S\$	Global Sum S\$:	Email ☐ Call ☐
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:	

