

INS. CASE OWNER:

CC 4/AXA1800 6630, A

LKK:

IDAC:

Surveyor:

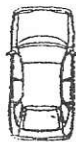
DOI:

ASSIGNMENT

Date / Time

Registered in Merimen.

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

Claim No.:

Policy No.:

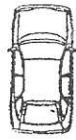
Make / Model:

Place of Accident:

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

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



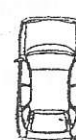
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

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:

14.3.19

FILE PASS TO TYPIST TO PREPARE REPORT.

29/2/2020

DS form sent

2/3/2020

FILES MK to close

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

SS 2996.00

DND WAS CHARGED FOR INCONSPICUOUS DRIVING.

Loss of Rental (LOR):

SS

(

days)

Loss of Use (LOU):

SS

450.00

x 5

days)

Loss of Income (LOI):

SS

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

7.45

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS 3453.45

Global Sum SS:

3453.45

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS 3453.45

Name 1:

MR Sauton Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT
7/3/2020