

15/5/2010

INS. CASE OWNER:

CC 4/LPC1801 0987 / T2eb3

LKK:

IDAC:

18/06/18

Surveyor:

Taufik

DOI:

ASSIGNMENT

Date / Time:

8/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKL 737P

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

8/6/18

Make / Model :

Excess Sec II :S\$

D.O.A :

Place of Accident :

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



INSRS:

WSP:

Tel :

Liability :

RMKS:

SKL 74875  
Sincerekan

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                               | STAGE                              | DATE / PIC                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| SKL 74875 - X                                                                                                                            | Non-Reporting ltr (1st):           |                                                              |
| SKL 737P - X                                                                                                                             | 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 type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Release Voucher:                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Final Repair Bill:                 | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                          | Car Rental Invoice:                | <input 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 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"/>            |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                     | Sent By:                           |                                                              |
| <b>FINALIZATION</b> Date/Time:                                                                                                           | Confirm with:                      |                                                              |
| Repair Cost: S\$                                                                                                                         | ( days) Reduction: %               | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time:                                                                                                       | Confirm with:                      |                                                              |
| Final Liability: %                                                                                                                       | (Agreed / Assessed) BOLA S/N No. : |                                                              |
| Repair Cost: S\$                                                                                                                         | If NO or B 28, Ass. Lia :          |                                                              |
| 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 + LO <input type="checkbox"/> | [Tick only one]                    |                                                              |
| GIA/LTA Search: S\$                                                                                                                      |                                    |                                                              |
| Medical: S\$                                                                                                                             |                                    |                                                              |
| Disbursement: S\$                                                                                                                        | (e.g. Tow/ Independent )           |                                                              |
| Legal Cost: S\$                                                                                                                          |                                    |                                                              |
| <b>Total:</b> S\$                                                                                                                        | <b>Global Sum S\$:</b>             |                                                              |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                          | Confirm with:                      |                                                              |
| Payee 1: S\$                                                                                                                             | Name 1: <input type="text"/>       |                                                              |
| Payee 2: (Strike if N.A.) S\$                                                                                                            | Name 2: <input type="text"/>       |                                                              |
| Payee 3: (Strike if N.A.) S\$                                                                                                            | Name 3: <input type="text"/>       |                                                              |

