

INS. CASE OWNER:

CC 6 / AIG 180 11164, Ana3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

12-6-18

Date / Time:

12-6-18

Registered in Merimen:

20-6-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SFU 7303 z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 9-6-18

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

SLL 464 P



INSRS:

WSP: My Solution

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLL 464P, X, SFU 7303 z - X	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 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"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:		Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
					Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION		Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$	() days	Reduction:	%	Email	<input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time:	Confirm with		Email	<input type="checkbox"/>	Call <input type="checkbox"/>
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 <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)		1) Claim status: Normal/Reject/Private Settle			
Legal Cost	S\$			2) Report Format:			
				3) Survey fee:			
Total:	S\$	Global Sum S\$:					
FINAL PAYMENT		Date/Time:	Confirm with:		Email	<input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:					
Payee 2: (Strike if N.A.)	S\$	Name 2:					
Payee 3: (Strike if N.A.)	S\$	Name 3:					

