

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1801 4775, NWB

LKK:
IDAC:

Surveyor:

NAB

DOI:

ASSIGNMENT

8/8/18

Date / Time :

8/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBD 8641C

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

8/8/18

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

SHD 6792F



INSRS:

WSP:

Tel :

Liability :

RMKS:

SMRT



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time					
	SHD 6792F-4	GBD 8641C-4			
			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:	☐	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:		
FINALIZATION		Date/Time:	Confirm with:		
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				
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 ☐ Call ☐
Payee 1:	\$S	Name 1:			
Payee 2: (Strike if N.A.)	\$S	Name 2:			
Payee 3: (Strike if N.A.)	\$S	Name 3:			

