

INS. CASE OWNER:

CC 6, LCR 180 / 15300 / Uwa3

LKK:
IDAC:

Surveyor: in Apens

DOI: ASSIGNMENT
23/8/18

Date / Time: 23/8/18

Registered in Merimen: 23/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 55720

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 23/8/2018

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (VL: YES / NO)

Insured Liability : % Final ? Yes / No

SLF 3000 G



INSRS:
WSP:
Tel :
Liability :
RMKS:

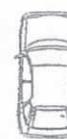
Km chwee



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SLF 3000 G-X ; SLG 55720-X</u>	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: Others:

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 + LOI [Tick only one]

GIA/LTA Search S\$ _____
Medical: S\$ _____ 1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ _____ (e.g. Tow/ Independent) 2) Report Format: _____
Legal Cost S\$ _____ 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: _____

