

15/5/2010.

INS. CASE OWNER:

CC 3 / AIG1801 5581 /

LKK:

IDAC:

ASSIGNMENT

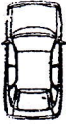
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

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 :

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

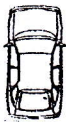
Driver Tel No. :

(V/L: 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
24/8/18	SLW 2341P - 4	Non-Reporting ltr (1st):	
24/8/18	SLW 2341P - 4	Non-Reporting ltr (2nd):	
24/8/18	SLW 2341P - 4	Non-Reporting ltr (Final):	
24/8/18	SLW 2341P - 4	Notification ltr (if non-pickup):	
24/8/18	SLW 2341P - 4	Call OI:	
24/8/18	SLW 2341P - 4	After call ltr to OI:	26/08/18 - vic
24/8/18	SLW 2341P - 4	Documentation Check List:	Handler Typist
24/8/18	SLW 2341P - 4	Notification ltr (if non-pickup)	
24/8/18	SLW 2341P - 4	After call ltr to OI:	
24/8/18	SLW 2341P - 4	Authorisation To Act:	
24/8/18	SLW 2341P - 4	Release Voucher:	
24/8/18	SLW 2341P - 4	Final Repair Bill:	
24/8/18	SLW 2341P - 4	Car Rental Invoice:	
24/8/18	SLW 2341P - 4	Towing Invoice:	
24/8/18	SLW 2341P - 4	LTA / GIA :	
24/8/18	SLW 2341P - 4	Medical Bill:	
24/8/18	SLW 2341P - 4	PIR:	
24/8/18	SLW 2341P - 4	Mandate/Reject Instruction:	
24/8/18	SLW 2341P - 4	LOD	
24/8/18	SLW 2341P - 4	Payment Breakdown Form:	
24/8/18	SLW 2341P - 4	Post-Repair Photos:	
24/8/18	SLW 2341P - 4	Others:	
12-3-19 @ 205 PM	W/OI JACK AGREED & AWARE NCD ISSUE.		
26/08/18	FINAL LIABILITY CHECK		
15/01/2020	NO FORD BACK FROM TP. CANCEL TO AG TO CHECK CASH		
15-01-20	cancel, NO sumy done.		

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	27
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	