

INS. CASE OWNER:

CC 6, CT 180 15746, Nfa3

LKK:

IDAC:

Surveyor:

N62

DOI:

ASSIGNMENT

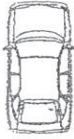
24/8/2018

Date / Time:

24/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 3536A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: 24/8/2018

Make / Model : _____

Excess Sec II : SS D.O.A. : 24/8/2018

Place of Accident : _____

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

If NO, Driver Name / Age : _____

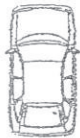
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

PA8330A

INSRS:
WSP: SL Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

PA8330A, X; SLP 3536A, X

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:

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\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: Normal/Reject/Private Settle

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:

