

15/5/2010

INS. "ASE OWNER:

CC AXA1801

LKK:

IDAC:

Surveyor:

TAUPTKH

DOI:

ASSIGNMENT
12/09/18

Date / Time:

10/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SUP 5742D

Name of Insured:

ANNA LEON

Insured Tel No.:

HP:

Excess Sgs II :SS

D.O.A:

11/8/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SUSANNA TAN

Driver Tel No.:

(V/L YES / NO)

Claim No.:

S8MO0015 / 68703

Policy No.:

GAM0824/1

Make / Model:

MAZDA

Place of Accident:

LATHON HIGH SCHOOL

Is driver the owner?

(YES / NO)

Nature of Accident:

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

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

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INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE/PIC
11/11/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	25/09/18 - VIC
	After call ltr to OI:	
25/09/18 @ 3.24PM	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:	Confirm with:	Confirm by:
Repair Cost:	SS	(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:	SS			
Loss of Rental (LOR):	SS	(days)		
Loss of Use (LOU):	SS	(S x days)		
Loss of Income (LOI):	SS	(S x days)		
LOR only ☐ LOU only ☐		LOR + LOU ☐ LOR + LOU ☐ [Tick only one]		
GIA/LTA Search	SS			
Medical:	SS			
Disbursement:	SS	(e.g. Tow/ Independent)		
Legal Cost	SS			
Total:	SS	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	SS	Name 1:		
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		