

15/5/2010

INS. CASE OWNER:

Lynthia

CCP Asm
AXA1801

6878

ebb

LKK:
IDAC:

ASSIGNMENT

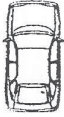
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

HP:

D.O.A:

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

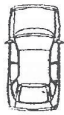
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



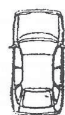
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
16/9/18	18-09-18	18-09-18
18/9/18	20-11-18 / 20-2-19	20-11-18 / 20-2-19
18/9/18	Non-Reporting ltr (1st):	18-09-18
18/9/18	Non-Reporting ltr (2nd):	20-11-18 / 20-2-19
18/9/18	Non-Reporting ltr (Final):	
18/9/18	Notification ltr (if non-pickup):	
18/9/18	Call OI:	
18/9/18	After call ltr to OI:	
18/9/18	Documentation Check List:	Handler Typist
18/9/18	Notification ltr (if non-pickup)	
18/9/18	After call ltr to OI:	
18/9/18	Authorisation To Act:	
18/9/18	Release Voucher:	
18/9/18	Final Repair Bill:	
18/9/18	Car Rental Invoice:	
18/9/18	Towing Invoice:	
18/9/18	LTA / GIA:	
18/9/18	Medical Bill:	
18/9/18	PIR:	
18/9/18	Mandate/Reject Instruction:	
18/9/18	LOD:	
18/9/18	Payment Breakdown Form:	
18/9/18	Post-Repair Photos:	
18/9/18	Others:	

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.:
Repair Cost:	S\$	
Loss of Rental (LOR):	S\$	(days)
Loss of Use (LOU):	S\$	(S x days)
Loss of Income (LOI):	S\$	(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)
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: