

15/5/2010

INS. CASE OWNER:

CC 4 / FWD1801

6978, T2eb

LKK:

IDAC:

Surveyor:

TandCh.

DOI:

ASSIGNMENT

20/9/18

Date / Time:

18/9/18

Registered in Merimen:

16/9/18

Pre-assign / CCU / FTE

S 68NCD



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A.:

18/9/18

Place of Accident :

Is driver the owner?

( YES / NO )

Nature 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

SUP 567R



INSRS:

WSP:

Tel :

Liability :

RMKS:

burned



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                                               | STAGE                                    | DATE / PIC                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------|
| SUP 567R-4                                                                                                                                               | Non-Reporting ltr (1st):                 |                                                              |
| S 68NCD-4                                                                                                                                                | 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:                                  |                                                              |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                     | Sent By:                                 |                                                              |
| <b>FINALIZATION</b> Date/Time:                                                                                                                           | Confirm with:                            | Confirm by:                                                  |
| Repair Cost: S\$                                                                                                                                         | ( days) Reduction: %                     | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time:                                                                                                                       | Confirm with                             | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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\$                                                                                                                                   | (S x days)                               |                                                              |
| Loss of Income (LOI): S\$                                                                                                                                | (S x days)                               |                                                              |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                          |                                                              |
| GIA/LTA Search S\$                                                                                                                                       |                                          |                                                              |
| Medical: S\$                                                                                                                                             |                                          |                                                              |
| Disbursement: S\$                                                                                                                                        | (e.g. Tow/ Independent )                 | 1) Claim status: Normal/Reject/Private Settle                |
| Legal Cost S\$                                                                                                                                           |                                          | 2) Report Format:                                            |
|                                                                                                                                                          |                                          | 3) Survey fee:                                               |
| <b>Total:</b> S\$                                                                                                                                        | <b>Global Sum S\$:</b>                   |                                                              |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                                          | Confirm with:                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: S\$                                                                                                                                             | Name 1:                                  |                                                              |
| Payee 2: (Strike if N.A.) S\$                                                                                                                            | Name 2:                                  |                                                              |
| Payee 3: (Strike if N.A.) S\$                                                                                                                            | Name 3:                                  |                                                              |

