

INS. CASE OWNER:

CCS, CT1180 18061, Guas

LKK:

IDAC:

Surveyor:

Xand

DOI:

ASSIGNMENT

3-10-18

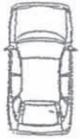
Date / Time:

3-10-18

Registered in Merimen:

Pre-assign / CCU / FTE

SPB 3475C



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 27/09/18

Place of Accident : _____

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

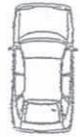
If NO, Driver Name / Age :

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

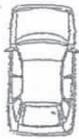
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

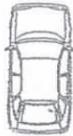
SHD 9974P



INSRS: WSP: Tel: Liability: RMKS: Trans-Cab



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time

SHD 9974P c13/Tm 1800817/Krb; ooa: 29/4/18
SPB 3475C } N/C 1800767/hy; ooa: 27/9/18
-ccy/16/17/18/28/9/kbb3q7; ooa: 29/9/18

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)	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>
PIR:	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>
LOD	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>

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\$ _____

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: _____

