

INS. CASE OWNER:

cc 4, 111 180 18524, R1 pa3

LKK:

IDAC:

Surveyor:

MPB

DOI:

ASSIGNMENT

12/10/18

Date / Time:

11/10/18

Registered in Merimen:

11/10/18

Pre-assign / CCU / FTE

SHD 4692K



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

4-10-18

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

SKE 2380H



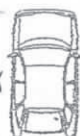
INSRS:

WSP:

Tel:

Liability:

RMKS:

Charn's
Customs

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

Date/ Time	STAGE	DATE / PIC
SKE 2380H - X;	Non-Reporting ltr (1st):	
SHD 4692K - CS / MS / H / 80 / 14440 / K / 19 d 50.2; 00A	Non-Reporting ltr (2nd):	
6/10/18	Non-Reporting ltr (Final):	
CS / M / 1700 / 700 / 15 / 6342; 00A: 25/7/18	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:	

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)			1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$				2) Report Format:
Total:	S\$	Global Sum S\$:			3) Survey fee:
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:			

