

INS. CASE OWNER:

CC 3 / AIG 180 20256, T1ha3

LKK:

IDAC:

Surveyor:

mm

DOI:

ASSIGNMENT

5/11/18

Date / Time:

5/11/18

Registered in Merimen:

8/11-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJK 7757C

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II : S\$

D.O.A : 2/11/2018

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

SHB 5136 D



INSRS:

WSP:

Tel:

Liability:

RMKS:

Smart, wlv



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 5136D - 11/11/2018 12:29 / 12/11/2018 13:27 ; D.O.A: 23/6/2011	Non-Reporting ltr (1st):	
SJK 7757C - 12/11/2018 16:00 / 12/11/2018 16:15 ; D.O.A: 13/11/15	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:	
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:	

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:

