

INS. CASE OWNER: PETER

CC4/ASM18021797/gb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 04/12/2018

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : FBM 7540U

Claim No. : S8M0151P

Name of Insured : UMMU SAMIRAH BINTE TAHAR

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 23/11/2018

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 1801H~~

INSRS: SHD 1801H

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
21/04	10 DAYS OTICE SEND TP TP REVERT CLIENT NOT OURSUING MATTER. CANCEL CASE NO SURVEY DONE MR YEW TO SIGN	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)	☐ ☐
		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: % _____	(Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____	
Repair Cost: S\$ _____			
Loss of Rental (LOR): S\$ _____	(_____)		
Loss of Use (LOU): S\$ _____ (\$ _____ x _____)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ (only one)			
GIA/LTA Search S\$ _____			
Medical: S\$ _____		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ _____		2) Report Format: _____	
Legal Cost S\$ _____		3) Survey fee: _____	
Total: S\$ _____	Confirm with: _____		
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: _____		