

INS. CASE OWNER:

CC 6 /AIG1802 2703/ K62

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 14/11/18

Registered in Merimen: 14/11/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SFT 67760

Name of Insured : WONG SANG CHUN

Insured Tel No. : _____

HP: 9876749

Excess Sec II :\$S _____

D.O.A : 05/11/18

Is driver the owner? YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: YES / NO)

Claim No. : 4117488269

Policy No. : NOU40874-07

Make / Model : WISHAW

Place of Accident : 70KOE CUSTOM

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability : _____ %

Final ? Yes / No

SPT 5727B →



INSRS:
WSP: modern
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
<u>14/11/18</u> <u>vic</u>	<u>SPT 5727B - X</u> <u>SFT 67760 - X</u>	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: <u>1879119</u> - <u>Elonchua</u> After call ltr to OI:	
<u>18/11/18 @ 11.09am</u> <u>- Elonchua</u>	<u>- Spoko to OI. He confirmed the mva. Informed OI on TP claim, OI has NCD protecto - & wants us to call before settlement as he wants to know what TP is claiming. OI is @ TPPD claim against TP not approved and OI claim that TP veh damage were merely scratches. * TO CALL OI @ 4 SETTLEMENT</u>	Documentation Check List: Handler Typist	
<u>11-11-19</u> <u>4</u>	<u>TO CANCEL NO Summary.</u>	Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/> Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/> Release Voucher: <input type="checkbox"/> <input type="checkbox"/> Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/> Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/> Towing Invoice <input type="checkbox"/> <input type="checkbox"/> LTA / GIA : <input type="checkbox"/> <input type="checkbox"/> Medical Bill: <input type="checkbox"/> <input type="checkbox"/> PIR: <input type="checkbox"/> <input type="checkbox"/> Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/> LOD <input type="checkbox"/> <input type="checkbox"/> Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/> Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> Others: <input type="checkbox"/> <input type="checkbox"/>	
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Confirm by: _____	
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: \$S _____	(_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % _____	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia : <u>(CONFLICTING VERSIONS)</u>	
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 <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 _____		1) Claim status: Normal/Reject/Private Settle	
Disbursement: \$S _____	(c.g. Tow/ Independent)	2) Report Format: _____	
Legal Cost \$S _____		3) Survey fee: _____	
Total: \$S _____	Global Sum \$S: _____		
FINAL PAYMENT	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: _____		