

15/02/10

INS. CASE OWNER:

Peter

CC 4 TAXA1802

2760, 863

LKK:  
IDAC:

**ASSIGNMENT**

Surveyor:

DOI:

Date / Time:

14/12/08

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFG 26767

Name of Insured:

WONG YEH WAN

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

12/11/08

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

UM THIAN SENG THOMAS

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

S8M017M 86274

Policy No.:

AN 412011

Make / Model:

MERCEDES

Place of Accident:

NEWTON

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

Insured Liability: % Final? Yes / No



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

CDC



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	STAGE	DATE / PIC
7/12/08	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm by:
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS	( days) Reduction:	%
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia :
Repair Cost:	SS		
Loss of Rental (LOR):	SS	( days)	
Loss of Use (LOU):	SS	( \$ x days)	
Loss of Income (LOI):	SS	( \$ x days)	
I.C.R 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	SS		
Medical:	SS		1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS	(e.g. Tow/ Independent )	2) Report Format:
Legal Cost	SS		3) Survey fee:
<b>Total:</b>	<b>SS</b>	<b>Global Sum SS:</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

Cancel Case