

15/5/2010

INS. CASE OWNER:

CC *CC* / AXA1900

LKK:

IDAC:

Surveyor:

Tantikh.

DOI:

ASSIGNMENT

24/1/19

Date / Time :

25/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SGH 6971C

Claim No. :

59M01B54 / 95446

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A. :

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

SEN 911AD

INSRS:

WSP:

Tel :

Liability :

RMKS:

Performance

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
<i>SEN 911AD - 4</i> <i>661671C - 4</i> <i>Performance</i> <i>01NR</i>	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: _____ Confirm 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 + LO ☐	[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: _____	

