

CC 3, ALG 1900 1816, Jha3

LKK:  
IDAC:

INS. CASE OWNER:

Surveyor: OHJ

ASSIGNMENT  
DOI: 25/11/19

Date / Time: 25/11/19  
Registered in Merimen: 28/11/19

Pre-assign / CCU / FTE

SKC 95E



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A: 21/1/2019

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

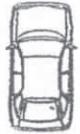
SMB 1348B



INSRS:  
WSP:  
Tel : SMP, w2  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SMB 1348B, X: SECASE, X	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:</b>	<b>Handler</b> <b>Typist</b>
	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"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm with:	Confirm by:
Repair Cost:	S\$	( days)	Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<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:	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 + LOI <input type="checkbox"/>	[Tick only one]			
GIA/LTA Search	S\$			
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S\$			3) Survey fee:
<b>Total:</b>	S\$	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	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:		

